

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

Democratic Congressional Campaign Committee

ADDRESS (number and street)

430 South Capitol Street, SE

2nd Floor

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00000935

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brian L. Wolff

Signature of Treasurer

Electronically Filed by Brian L. Wolff

Date

02

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Democratic Congressional Campaign Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		491852.26
(b) Cash on Hand at Beginning of Reporting Period .....	491852.26	
(c) Total Receipts (from Line 19) .....	3521784.35	3521784.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4013636.61	4013636.61
7. Total Disbursements (from Line 31) .....	2000805.92	2000805.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2012830.69	2012830.69
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	16300094.04	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Democratic Congressional Campaign Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1263613.80	1263613.80
(i) Itemized (use Schedule A) .....	871547.42	871547.42
(ii) Unitemized .....	2135161.22	2135161.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	532771.71	532771.71
(c) Other Political Committees (such as PACs) .....	2667932.93	2667932.93
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	10212.82	10212.82
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	843638.60	843638.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	3521784.35	3521784.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3521784.35	3521784.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1931113.27	1931113.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1931113.27	1931113.27
22. Transfers to Affiliated/Other Party Committees.....	13000.00	13000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-1717.73	-1717.73
24. Independent Expenditure (use Schedule E) .....	49461.00	49461.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	5674.38	5674.38
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3275.00	3275.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	3275.00	3275.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2000805.92	2000805.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000805.92	2000805.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2667932.93	2667932.93
34. Total Contribution Refunds (from Line 28(d)) .....	3275.00	3275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2664657.93	2664657.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1931113.27	1931113.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	10212.82	10212.82
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1920900.45	1920900.45

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

Transaction ID: SC-6730

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Bank of America, NA

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 730 15th Street, NW

City Washington

State DC

ZIP Code

20005

Original Amount of Loan

20000000.00

Cumulative Payment To Date

8500000.00

Balance Outstanding at Close of This Period

11500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9D D  
0 8Y Y Y Y  
2 0 0 8

03/31/2010

BBA LIBOR + 3 % (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

11500000.00

**TOTALS** This Period (last page in this line only) ▶

11500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Action Mailers, Inc.Nature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 90 Commerce Drive

City State ZIP Code  
Aston PA 19014

Outstanding Balance Beginning This Period

91967.38

Transaction ID: SD-6625

Amount Incurred This Period

199391.48

Payment This Period

190507.51

Outstanding Balance at Close of This Period

100851.35

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
American List Counsel, Inc.Nature of Debt (Purpose):  
List Rental

Mailing Address P.O. Box 32189

City State ZIP Code  
Hartford CT 06150-2189

Outstanding Balance Beginning This Period

12052.48

Transaction ID: SD-6626

Amount Incurred This Period

94036.85

Payment This Period

7811.18

Outstanding Balance at Close of This Period

98278.15

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Allied Printing ResourcesNature of Debt (Purpose):  
Generic Cmte. PrintingMailing Address P.O. Box 6506  
455 Washington Ave.City State ZIP Code  
Carlstadt NJ 07072

Outstanding Balance Beginning This Period

143539.60

Transaction ID: SD-6627

Amount Incurred This Period

449.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

143988.79

**1) SUBTOTALS** This Period This Page (optional).....

343118.29

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
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numbered line)

PAGE 8 / 495

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Allied Web ServicesNature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 1120 McKenzie Road

City	State	ZIP Code
Lake Helen	FL	32744

Outstanding Balance Beginning This Period

19044.00

Transaction ID: SD-6628

Amount Incurred This Period

18860.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37904.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
All Stage & Sound Inc.Nature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ings

Mailing Address 21500 Laytonsville Road

City	State	ZIP Code
Laytonsville	MD	20882

Outstanding Balance Beginning This Period

3491.75

Transaction ID: SD-6629

Amount Incurred This Period

0.00

Payment This Period

3491.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Anzalone Liszt Research, Inc.Nature of Debt (Purpose):  
Generic Cmte. PollingMailing Address 260 Commerce Street  
4th Floor

City	State	ZIP Code
Montgomery	AL	36104

Outstanding Balance Beginning This Period

287250.00

Transaction ID: SD-6630

Amount Incurred This Period

0.00

Payment This Period

59000.00

Outstanding Balance at Close of This Period

228250.00

**1) SUBTOTALS** This Period This Page (optional).....

266154.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Jocelyn Augustino PhotographerNature of Debt (Purpose):  
Fundraising Events/Meetings

Mailing Address 3416 Gunston Road

City State ZIP Code  
Alexandria VA 22302

Outstanding Balance Beginning This Period

3102.00

Transaction ID: SD-6636

Amount Incurred This Period

-1435.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

1666.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Avalanche ServicesNature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 515-B Industrial Blvd

City State ZIP Code  
Kearneysville WV 25430

Outstanding Balance Beginning This Period

23208.25

Transaction ID: SD-6637

Amount Incurred This Period

29702.50

Payment This Period

22233.25

Outstanding Balance at Close of This Period

30677.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Benenson Strategy GroupNature of Debt (Purpose):  
Generic Cmte. PollingMailing Address 14 East 60th Street  
Suite 1002City State ZIP Code  
New York NY 10022

Outstanding Balance Beginning This Period

69100.00

Transaction ID: SD-6638

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69100.00

**1) SUBTOTALS** This Period This Page (optional).....

101444.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Blue State Digital, LLCNature of Debt (Purpose):  
Generic Cmte. OnLine Serv-  
icesMailing Address 734 15th Street, NW  
Suite 1200City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

20550.00

Transaction ID: SD-6639

Amount Incurred This Period

41100.00

Payment This Period

20550.00

Outstanding Balance at Close of This Period

41100.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Bennett, Petts & Normington, LLCNature of Debt (Purpose):  
Generic Cmte. PollingMailing Address 1010 Wisconsin Ave., NW  
Suite 208City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

54000.00

Transaction ID: SD-6641

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Brilliant Corners Research, Inc.Nature of Debt (Purpose):  
Generic Cmte. PollingMailing Address 1336 North Capitol Street, NW  
2nd FloorCity State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

56000.00

Transaction ID: SD-6642

Amount Incurred This Period

0.00

Payment This Period

22000.00

Outstanding Balance at Close of This Period

34000.00

**1) SUBTOTALS** This Period This Page (optional).....

129100.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Care2.com, Inc.Nature of Debt (Purpose):  
List Rental

Mailing Address 275 Shoreline Dr #150

City State ZIP Code  
Redwood City CA 94065

Outstanding Balance Beginning This Period

3161.65

Transaction ID: SD-6644

Amount Incurred This Period

0.00

Payment This Period

3161.65

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Carey International, Inc.Nature of Debt (Purpose):  
TravelMailing Address Billing Department  
P.O. Box 631414City State ZIP Code  
Baltimore MD 21263-1414

Outstanding Balance Beginning This Period

2885.47

Transaction ID: SD-6645

Amount Incurred This Period

4582.21

Payment This Period

2885.47

Outstanding Balance at Close of This Period

4582.21

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
C & E Systems, LLCNature of Debt (Purpose):  
Equipment Rental/Maintenance

Mailing Address 2236 SE 10th Ave

City State ZIP Code  
Portland OR 97214

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6646

Amount Incurred This Period

2100.00

Payment This Period

700.00

Outstanding Balance at Close of This Period

1400.00

**1) SUBTOTALS** This Period This Page (optional).....

5982.21

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Campaign Media Analysis GroupNature of Debt (Purpose):  
Strategic/Political Servi-  
ces

Mailing Address Post Office Box 7247-9301

City State ZIP Code  
Philadelphia PA 19170

Outstanding Balance Beginning This Period

33750.00

Transaction ID: SD-6648

Amount Incurred This Period

0.00

Payment This Period

16875.00

Outstanding Balance at Close of This Period

16875.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Commonwealth Digital Office SolutionsNature of Debt (Purpose):  
Copying

Mailing Address 21205 Ridgetop Circle

City State ZIP Code  
Sterling VA 20166-6501

Outstanding Balance Beginning This Period

1061.80

Transaction ID: SD-6650

Amount Incurred This Period

364.85

Payment This Period

1092.04

Outstanding Balance at Close of This Period

334.61

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Crystal ValetNature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ings

Mailing Address 616 West College Street

City State ZIP Code  
Los Angeles CA 90012

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6651

Amount Incurred This Period

2607.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2607.50

**1) SUBTOTALS** This Period This Page (optional).....

19817.11

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Data Direct, Inc.Nature of Debt (Purpose):  
Computer Services

Mailing Address 11791 Fingerboard Road

City State ZIP Code  
Monrovia MD 21770

Outstanding Balance Beginning This Period

9664.00

Transaction ID: SD-6653

Amount Incurred This Period

3187.50

Payment This Period

3288.00

Outstanding Balance at Close of This Period

9563.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Data Center, Inc.Nature of Debt (Purpose):  
Computer ServicesMailing Address 11200 Waples Mill Road  
Suite 100City State ZIP Code  
Fairfax VA 22030

Outstanding Balance Beginning This Period

30490.00

Transaction ID: SD-6654

Amount Incurred This Period

14915.00

Payment This Period

30490.00

Outstanding Balance at Close of This Period

14915.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
David L. Andrukitis, Inc.Nature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 50 E Street, SE

City State ZIP Code  
Washington DC 20003

Outstanding Balance Beginning This Period

10264.10

Transaction ID: SD-6655

Amount Incurred This Period

0.00

Payment This Period

10204.88

Outstanding Balance at Close of This Period

59.22

**1) SUBTOTALS** This Period This Page (optional).....

24537.72

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
DirectAdvantage MarketingNature of Debt (Purpose):  
Committee TelemarketingMailing Address The Outreach Center  
PO Box 55043City State ZIP Code  
Boston MA 02205

Outstanding Balance Beginning This Period

341754.84

Transaction ID: SD-6657

Amount Incurred This Period

38837.18

Payment This Period

7775.75

Outstanding Balance at Close of This Period

372816.27

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dixon / Davis Media Group, LLCNature of Debt (Purpose):  
Media ProductionMailing Address 1028 33rd Street, NW  
Suite 300City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

186332.50

Transaction ID: SD-6658

Amount Incurred This Period

8575.00

Payment This Period

44155.00

Outstanding Balance at Close of This Period

150752.50

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dewey Square Group, LLCNature of Debt (Purpose):  
Generic Strategic Political Services

Mailing Address PO Box 60340

City State ZIP Code  
Charlotte NC 28260-0340

Outstanding Balance Beginning This Period

10005.43

Transaction ID: SD-6661

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10005.43

**1) SUBTOTALS** This Period This Page (optional).....

533574.20

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Eleison Group, LLCNature of Debt (Purpose):  
Generic Strategic Political ServicesMailing Address 1655 N Fort Myer Dr  
Suite 700City State ZIP Code  
Arlington VA 22209

Outstanding Balance Beginning This Period

60000.00

Transaction ID: SD-6662

Amount Incurred This Period

0.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

45000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Susan Gage Caterers, Inc.Nature of Debt (Purpose):  
Generic Cmte. Events/Meetings

Mailing Address 7411 Livingston Road

City State ZIP Code  
Oxon Hill MD 20745

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6664

Amount Incurred This Period

6584.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

6584.73

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Great American MediaNature of Debt (Purpose):  
Media Buy Media Production/SerMailing Address 1010 Wisconsin Ave., NW  
Suite 800City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

308862.75

Transaction ID: SD-6665

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

308862.75

**1) SUBTOTALS** This Period This Page (optional).....

360447.48

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Gilbert & Wolfand, PCNature of Debt (Purpose):  
Accounting Svcs. Rendered

Mailing Address 2201 Wisconsin Avenue, NW

City State ZIP Code  
Washington DC 20007

Outstanding Balance Beginning This Period

4037.50

Transaction ID: SD-6666

Amount Incurred This Period

4452.00

Payment This Period

3767.50

Outstanding Balance at Close of This Period

4722.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Global Strategy Group, LLCNature of Debt (Purpose):  
Generic Cmte. Polling

Mailing Address 895 Broadway, 5th Floor

City State ZIP Code  
New York NY 10003

Outstanding Balance Beginning This Period

209100.00

Transaction ID: SD-6667

Amount Incurred This Period

0.00

Payment This Period

43000.00

Outstanding Balance at Close of This Period

166100.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Greenberg Quinlan Rosner Research, Inc.Nature of Debt (Purpose):  
Generic Cmte. Polling

Mailing Address 10 G Street NE, Suite 500

City State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

101500.00

Transaction ID: SD-6669

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

101500.00

**1) SUBTOTALS** This Period This Page (optional).....

272322.00

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Halloran Development Company, Inc.Nature of Debt (Purpose):  
Generic Strategic Political Services

Mailing Address 2508 Dewitt Avenue

City State ZIP Code  
Alexandria VA 22301

Outstanding Balance Beginning This Period

14140.36

Transaction ID: SD-6671

Amount Incurred This Period

0.00

Payment This Period

14140.36

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Hyatt Regency WashingtonNature of Debt (Purpose):  
Generic Cmte. Events/MeetingsMailing Address On Capitol Hill  
Dept 6012City State ZIP Code  
Washington DC 20042-6012

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6672

Amount Incurred This Period

48153.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

48153.94

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Integral Resources, Inc.Nature of Debt (Purpose):  
Committee Telemarketing

Mailing Address 1972 Massachusetts Avenue

City State ZIP Code  
Cambridge MA 02140

Outstanding Balance Beginning This Period

972294.20

Transaction ID: SD-6674

Amount Incurred This Period

270773.78

Payment This Period

252713.11

Outstanding Balance at Close of This Period

990354.87

1) **SUBTOTALS** This Period This Page (optional).....

1038508.81

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joshua Roberts Photography, LLCNature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ings

Mailing Address 1217 F Street, NE

City State ZIP Code  
Washington DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6677

Amount Incurred This Period

658.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

658.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Lexis-NexisNature of Debt (Purpose):  
Wire Services On Line Svc-  
S.

Mailing Address PO Box 7247-7090

City State ZIP Code  
Philadelphia PA 19170-7090

Outstanding Balance Beginning This Period

8223.37

Transaction ID: SD-6680

Amount Incurred This Period

4111.87

Payment This Period

8223.37

Outstanding Balance at Close of This Period

4111.87

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Liaison Capitol HillNature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ings

Mailing Address 415 New Jersey Ave., NW

City State ZIP Code  
Washington DC 20001

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6681

Amount Incurred This Period

22566.99

Payment This Period

0.00

Outstanding Balance at Close of This Period

22566.99

1) **SUBTOTALS** This Period This Page (optional).....

27337.36

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**

Mack Crounse Group, LLC

Nature of Debt (Purpose):

Printing

Mailing Address 2001 N. Beauregard Street  
Suite 420City State ZIP Code  
Alexandria VA 22311

Outstanding Balance Beginning This Period

5306.00

Transaction ID: SD-6685

Amount Incurred This Period

0.00

Payment This Period

5306.00

Outstanding Balance at Close of This Period

0.00

**B. Full Name (Last, First, Middle Initial) of Debtor or Creditor**

McMahon, Squier, Lapp and Associates, Inc.

Nature of Debt (Purpose):

Media Production

Mailing Address 300 N. Lee Street  
Suite 500City State ZIP Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

314983.40

Transaction ID: SD-6687

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

314983.40

**C. Full Name (Last, First, Middle Initial) of Debtor or Creditor**

Merkle Response Services, Inc.

Nature of Debt (Purpose):

Computer Services

Mailing Address 100 Jamison Court

City State ZIP Code  
Hagerstown MD 21740

Outstanding Balance Beginning This Period

38565.92

Transaction ID: SD-6688

Amount Incurred This Period

4528.35

Payment This Period

32663.54

Outstanding Balance at Close of This Period

10430.73

1) **SUBTOTALS** This Period This Page (optional).....

325414.13

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Meyer AssociatesNature of Debt (Purpose):  
Committee Telemarketing

Mailing Address 14 North Seventh Avenue

City State ZIP Code  
St. Cloud MN 56303

Outstanding Balance Beginning This Period

19455.75

Transaction ID: SD-6689

Amount Incurred This Period

0.00

Payment This Period

9553.50

Outstanding Balance at Close of This Period

9902.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Minneapolis ClubNature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ings

Mailing Address 729 2nd Avenue South

City State ZIP Code  
Minneapolis MN 55402-2463

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6690

Amount Incurred This Period

567.22

Payment This Period

0.00

Outstanding Balance at Close of This Period

567.22

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mission Control, Inc.Nature of Debt (Purpose):  
Mail Services

Mailing Address 114 A Mansfield Holow Rd.

City State ZIP Code  
Mansfield Center CT 06250

Outstanding Balance Beginning This Period

28237.33

Transaction ID: SD-6691

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28237.33

**1) SUBTOTALS** This Period This Page (optional).....

38706.80

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Mobile CommonsNature of Debt (Purpose):  
Generic Cmte. AdvertisingMailing Address 86 Chambers St  
Suite 701City State ZIP Code  
New York NY 10007

Outstanding Balance Beginning This Period

2591.19

Transaction ID: SD-6692

Amount Incurred This Period

0.00

Payment This Period

2591.19

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Murphy Putnam Media, LLCNature of Debt (Purpose):  
Media ProductionMailing Address 901 N. Washington Street  
Suite 400City State ZIP Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

180957.00

Transaction ID: SD-6693

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

180957.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
MSHC Partners Inc.Nature of Debt (Purpose):  
Generic Cmte. Media Servi-  
ces

Mailing Address 1155 15th St NW Suite 300

City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

6250.00

Transaction ID: SD-6694

Amount Incurred This Period

0.00

Payment This Period

6250.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

180957.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NCEC Services, Inc.Nature of Debt (Purpose):  
Strategic/Political Servi-  
cesMailing Address 122 C Street, NW  
Suite 650City State ZIP Code  
Washington DC 20001

Outstanding Balance Beginning This Period

30000.00

Transaction ID: SD-6695

Amount Incurred This Period

15000.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

30000.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NGP Software, Inc.Nature of Debt (Purpose):  
Computer ServicesMailing Address 1225 Eye Street, NW  
Suite 1225City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6696

Amount Incurred This Period

6600.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6600.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Occasions Caterers, Inc.Nature of Debt (Purpose):  
Generic Cmte. Catering

Mailing Address 5458 3rd Street, NE

City State ZIP Code  
Washington DC 20011

Outstanding Balance Beginning This Period

16172.03

Transaction ID: SD-6698

Amount Incurred This Period

0.00

Payment This Period

6522.31

Outstanding Balance at Close of This Period

9649.72

1) **SUBTOTALS** This Period This Page (optional).....

46249.72

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
OMP, Inc.Nature of Debt (Purpose):  
Generic Cmte. Fundraising  
SvcsMailing Address 1726 M Street, NW  
Suite 300City State ZIP Code  
Washington DC 20036

Outstanding Balance Beginning This Period

75441.22

Transaction ID: SD-6701

Amount Incurred This Period

7831.78

Payment This Period

0.00

Outstanding Balance at Close of This Period

83273.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Perkins CoieNature of Debt (Purpose):  
Legal Services RenderedMailing Address 607 14th Street, NW  
Suite 800City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

246899.90

Transaction ID: SD-6703

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

246899.90

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Global Financial Services LLCNature of Debt (Purpose):  
Equipment Rental/Maintene-  
nce

Mailing Address PO Box 856460

City State ZIP Code  
Louisville KY 40285

Outstanding Balance Beginning This Period

4227.77

Transaction ID: SD-6704

Amount Incurred This Period

0.00

Payment This Period

4227.77

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

330172.90

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Print Mail CommunicationsNature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 7201 Lockport Place

City State ZIP Code  
Lorton VA 22079

Outstanding Balance Beginning This Period

65257.25

Transaction ID: SD-6705

Amount Incurred This Period

2660.15

Payment This Period

3132.20

Outstanding Balance at Close of This Period

64785.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RST Marketing Associates, Inc.Nature of Debt (Purpose):  
Generic Cmte. PrintingMailing Address Attn: Lara Burford  
1272 Corporate Park DrCity State ZIP Code  
Forest VA 24551

Outstanding Balance Beginning This Period

4432.20

Transaction ID: SD-6708

Amount Incurred This Period

0.00

Payment This Period

4432.20

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
RWT Production, LLCNature of Debt (Purpose):  
Generic Cmte. Printing

Mailing Address 5624 Bellington Avenue

City State ZIP Code  
Springfield VA 22151

Outstanding Balance Beginning This Period

47228.57

Transaction ID: SD-6710

Amount Incurred This Period

11730.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

58958.57

1) **SUBTOTALS** This Period This Page (optional).....

123743.77

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Share Group, Inc.Nature of Debt (Purpose):  
Committee Telemarketing

Mailing Address PO Box 55183

City State ZIP Code  
Boston MA 02205-5183

Outstanding Balance Beginning This Period

122584.81

Transaction ID: SD-6711

Amount Incurred This Period

8808.21

Payment This Period

38119.50

Outstanding Balance at Close of This Period

93273.52

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Shorr Johnson Magnus MediaNature of Debt (Purpose):  
Media ProductionMailing Address 1831 Chestnut St  
Suite 602City State ZIP Code  
Philadelphia PA 19103

Outstanding Balance Beginning This Period

208804.58

Transaction ID: SD-6712

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208804.58

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Strategic Marketing & Mailing, Inc.Nature of Debt (Purpose):  
MailhouseMailing Address Attn: Cynthia Tross  
3002 N Apollo DrCity State ZIP Code  
Champaign IL 61821

Outstanding Balance Beginning This Period

194010.56

Transaction ID: SD-6714

Amount Incurred This Period

0.00

Payment This Period

34199.64

Outstanding Balance at Close of This Period

159810.92

1) **SUBTOTALS** This Period This Page (optional).....

461889.02

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Struble Eichenbaum CommunicationsNature of Debt (Purpose):  
Media Production

Mailing Address 700 Seventh Street, SE

City State ZIP Code  
Washington DC 20003

Outstanding Balance Beginning This Period

96571.49

Transaction ID: SD-6715

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

96571.49

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Staged Right Productions, LLCNature of Debt (Purpose):  
Generic Cmte. Events/Meet-  
ingsMailing Address 1772 Sulphur Spring Road  
Suite 102City State ZIP Code  
Baltimore MD 21227

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6716

Amount Incurred This Period

6932.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6932.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Staples Business AdvantagesNature of Debt (Purpose):  
Generic Cmte. SuppliesMailing Address Dept DC  
PO Box 415256City State ZIP Code  
Boston MA 02241

Outstanding Balance Beginning This Period

1000.87

Transaction ID: SD-6717

Amount Incurred This Period

1049.05

Payment This Period

2049.92

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

103503.49

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Triplex -A Donnelley CompanyNature of Debt (Purpose):  
Computer Services

Mailing Address PO Box 3603

City State ZIP Code  
Omaha NE 68103

Outstanding Balance Beginning This Period

1480.66

Transaction ID: SD-6719

Amount Incurred This Period

0.00

Payment This Period

1480.66

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Telefund, Inc.Nature of Debt (Purpose):  
Committee TelemarketingMailing Address Attention: Nicole Lane  
P.O. Box 2366City State ZIP Code  
Denver CO 80201-2366

Outstanding Balance Beginning This Period

55672.25

Transaction ID: SD-6720

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55672.25

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
The Strategy GroupNature of Debt (Purpose):  
Mail ServicesMailing Address 1603 Orrington Avenue  
Suite 1730City State ZIP Code  
Evanston IL 60201

Outstanding Balance Beginning This Period

3000.00

Transaction ID: SD-6721

Amount Incurred This Period

0.00

Payment This Period

3000.00

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

55672.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
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☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Thrifty Car RentalNature of Debt (Purpose):  
TravelMailing Address DTG Operations, Inc. - BOK  
Lockbox 2241City State ZIP Code  
Tulsa OK 74182

Outstanding Balance Beginning This Period

14561.50

Transaction ID: SD-6722

Amount Incurred This Period

1441.78

Payment This Period

14561.50

Outstanding Balance at Close of This Period

1441.78

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
tinyHorse Solutions LLCNature of Debt (Purpose):  
Generic Strategic Political ServicesMailing Address 1441 Rhode Island Ave., NW  
#214City State ZIP Code  
Washington DC 20005

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD-6723

Amount Incurred This Period

10000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
UBS Financial Services, Inc.Nature of Debt (Purpose):  
RetirementMailing Address 1501 K Street, NW  
Suite 1100City State ZIP Code  
Washington DC 20006

Outstanding Balance Beginning This Period

29331.11

Transaction ID: SD-6731

Amount Incurred This Period

0.00

Payment This Period

29331.11

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

11441.78

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US Express Leasing Inc.Nature of Debt (Purpose):  
Equipment Rental/Maintenance

Mailing Address Dept #1608

City State ZIP Code  
Denver CO 80291

Outstanding Balance Beginning This Period

10248.58

Transaction ID: SD-6727

Amount Incurred This Period

0.00

Payment This Period

10248.58

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Verizon WirelessNature of Debt (Purpose):  
Wireless Service

Mailing Address PO Box 25505

City State ZIP Code  
Lehigh Valley PA 18002-5505

Outstanding Balance Beginning This Period

6886.02

Transaction ID: SD-6729

Amount Incurred This Period

0.00

Payment This Period

6886.02

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

4800094.04

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

11500000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

16300094.04

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 17 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4475.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-853864	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Stuart Price Perriello		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 17 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4475.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-853865	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Virgil H. Goode, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5010.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-854913	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W. Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2525.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5010.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-854914	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Blaine Luetkemeyer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2525.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5107.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855061	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: <u>KS</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nancy E. Boyda		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 21</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5107.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855062	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: <u>KS</u> <input type="checkbox"/> Senate District: <u>02</u> <input type="checkbox"/> Presidential	
Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lynn Jenkins		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4900.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855077	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Ketner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4900.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855078	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: SC <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Henry E. Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 2050.00	
City State Zip Code Washington DC 20007		Transaction ID: SE-855081	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve L Kagen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4325.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 2050.00	
City State Zip Code Washington DC 20007		Transaction ID: SE-855082	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Gard		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4325.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 35 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4372.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855178	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James D. Esch		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4465.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 22</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4372.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855179	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4465.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2910.00</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-855180	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Stuart Price Perriello		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2910.00</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-855181	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Virgil H. Goode, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4400.00</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856051	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Stuart Price Perriello		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4400.00</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856052	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Virgil H. Goode, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4937.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856193	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ethan A Berkowitz		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6412.50</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 5</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4937.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856194	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald E. Young		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">6412.50</div>		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 26 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4615.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-856255	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James D. Esch		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 26 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4615.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-856256	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4322.50</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856259	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve L Kagen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4325.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4322.50</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856260	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Gard		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">4325.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 41 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2125.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856375	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ethan A Berkowitz		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2008 6412.50</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2125.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856376	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald E. Young		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2008 6412.50</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 27 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4535.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856386	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Daniel J. Seals		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 27 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4535.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856387	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark Steven Kirk		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4262.50	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856718	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W. Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4262.50	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856719	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Blaine Luetkemeyer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 44 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1585.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856721	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W. Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">2525.00</div> <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1585.00</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856722	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Blaine Luetkemeyer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">2525.00</div> <b>[MEMO ITEM]</b>	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4347.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856733	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Martin Heinrich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4350.00</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4347.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856734	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darren P White		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">4350.00</div>		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1162.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856745	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas Stuart Price Perriello		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1162.50</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-856746	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Virgil H. Goode, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4800.00</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-857037	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jill T Derby		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4800.00</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-857038	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dean Heller		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">996.25</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-859452	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Martin Heinrich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4350.00</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">996.25</div>	
City Washington State DC Zip Code 20007		Transaction ID: SE-859453	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darren P White		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">4350.00</div>		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 10.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859454	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James D. Esch		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 8	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 10.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859455	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 50 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 11 / 24 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 60.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859456	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W. Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 11 / 24 / 2008	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 60.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859457	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Blaine Luetkemeyer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 51 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 24 / 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 105.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-859458	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nancy E. Boyda		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 11 / 24 / 2008</div> </div>	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 105.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-859459	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KS <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lynn Jenkins		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY 02 / 20 / 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 52 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 8936.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853096	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Baron Hill		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 8936.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853097	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael E. Sodrel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 11 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 3581.36	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853098	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jigar Ashwin Madia		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 11 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 3581.36	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853099	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Erik Paulsen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 12</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6989.96</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853102	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 12</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6989.95</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853103	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 1375.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-853108	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 1375.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-853109	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <span><small>M M</small> 1 0</span> <span><small>D D</small> 1 4</span> <span><small>Y Y Y Y</small> 2 0 0 8</span> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8968.53</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853177	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael Anthony Montagano		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <span><small>M M</small> 1 0</span> <span><small>D D</small> 1 4</span> <span><small>Y Y Y Y</small> 2 0 0 8</span> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8968.53</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853178	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark E. Souder		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <span><small>M M</small> 0 2</span> <span><small>D D</small> 2 0</span> <span><small>Y Y Y Y</small> 2 0 0 9</span> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 4409.81	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853846	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joe Garcia		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 4409.81	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-853847	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mario Diaz-Balart		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4409.82</div>	
City State Zip Code Washington DC 20007		Transaction ID: SE-853848	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Raul Martinez		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4409.81</div>	
City State Zip Code Washington DC 20007		Transaction ID: SE-853849	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lincoln Diaz-Balart		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6067.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-853918	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Paul Carney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6067.50</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-853919	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Lawrence Hackett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7521.00</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-853920	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Baron Hill		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7521.00</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-853921	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael E. Sodrel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7811.75</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-854909	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7811.75</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-854910	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff  
 \_\_\_\_\_  
 Signature

Date

M M  
0 2

D D  
2 0

Y Y Y Y  
2 0 0 9

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 8003.46	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-854911	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jigar Ashwin Madia		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 8003.45	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-854912	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Erik Paulsen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 63 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2939.73</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855057	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Raul Martinez		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2939.72</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-855058	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lincoln Diaz-Balart		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 2939.72	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855059	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joe Garcia		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 2939.72	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855060	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mario Diaz-Balart		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 6376.97	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855083	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Anne Barth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 6376.96	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855084	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Shelley Moore Capito		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 66 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 22 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5688.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-855176	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darcy Burner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 22 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5687.99	
City Washington State DC Zip Code 20007		Transaction ID: SE-855177	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dave Reichert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1310.64</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855827	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 23</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1310.64</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-855828	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 68 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 7275.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-856201	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael Anthony Montagano		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 7275.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-856202	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark E. Souder		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 69 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4748.34</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856377	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Raul Martinez		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4748.34</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856378	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lincoln Diaz-Balart		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4748.34</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856381	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Joe Garcia		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4748.34</div>	
City State Zip Code Washington DC 20007		<b>Transaction ID:</b> SE-856382	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 25 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Mario Diaz-Balart		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12093.05</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856398	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Paul Carney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 27</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">12093.05</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856399	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Lawrence Hackett		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff  
 \_\_\_\_\_  
 Signature

Date

M  
02

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20

Y  
2009

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 27 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5485.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856484	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jigar Ashwin Madia		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 27 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5485.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856485	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Erik Paulsen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 6050.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856712	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Baron Hill		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 6050.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856713	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael E. Sodrel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 11918.63	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856714	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 11918.63	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856715	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5896.85	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856747	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Anne Barth		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount 5896.85	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-856748	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WV <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Shelley Moore Capito		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 76 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1250.00</div>	
City State Zip Code Washington DC 20007		Transaction ID: SE-856886	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald J. Cazayoux		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 9</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1250.00</div>	
City State Zip Code Washington DC 20007		Transaction ID: SE-856889	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Cassidy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

M M  
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2 0

Y Y Y Y  
2 0 0 9

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">136.95</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859772	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Baron Hill		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee Great American Media		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 1010 Wisconsin Ave., NW Suite 800		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">136.94</div>	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-859773	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Michael E. Sodrel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
SE Memo Entry		SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4874.81	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853161	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elizabeth Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4874.81	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853162	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Marilyn Musgrave		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 79 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 14069.65	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853163	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark Hamilton Schauer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 14069.65	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853164	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Timothy L Walberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4652.68	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853165	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4652.68	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853166	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4349.55</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853167	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Eric Massa		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 1 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4349.54</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853168	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Kuhl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 5085.66	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853569	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alice J. Kryzan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 5085.66	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853570	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher J. Lee		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4504.86	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853687	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Mitchell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4504.85	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853688	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: David Schweikert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4492.84	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853689	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: David E. Boswell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4492.84	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-853690	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steven Brett Guthrie		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 85 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4559.73	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853854	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4559.72	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853855	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Leonard Lance		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 86 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 19 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4379.80	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853914	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John A Boccieri		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 19 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4379.80	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853915	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirk Schuring		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5130.93</div>	
City Alexandria		State VA	
Zip Code 22314		Transaction ID: SE-853916	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kathleen A. Dahlkemper		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 19</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5130.92</div>	
City Alexandria		State VA	
Zip Code 22314		Transaction ID: SE-853917	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phillip S English		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 88 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14745.81</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-854917	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gerry Connolly		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">14745.80</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-854918	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Keith S. Fimian		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

M 0 2

D 2 0

Y 2 0 0 9



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 89 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 22 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4247.72	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855182	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark Hamilton Schauer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 22 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 4247.71	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855183	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Timothy L Walberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 14482.21	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855184	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alice J. Kryzan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 14482.21	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855185	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher J. Lee		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 91 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 98.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855270	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 98.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855271	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Leonard Lance		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855272	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Mitchell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855273	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: David Schweikert		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 93 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 13 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855274	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark Hamilton Schauer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 13 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855275	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Timothy L Walberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855276	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855277	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Leonard Lance		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 95 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855278	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gerry Connolly		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 108.00	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855279	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Keith S. Fimian		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 96 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4975.22	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855829	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4975.21	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855830	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4609.89	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856047	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Eric Massa		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4609.89	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856048	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 29 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Kuhl		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 98 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4492.42	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856195	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elizabeth Markey		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4492.41	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856196	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CO <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Marilyn Musgrave		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 99 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 5344.45	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856197	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 5344.44	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856198	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 100 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 5057.75	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856257	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alice J. Kryzan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 5057.74	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856258	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher J. Lee		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 101 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4650.81	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856388	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: David E. Boswell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4650.81	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856389	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steven Brett Guthrie		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 102 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4523.99</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856396	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John A Boccieri		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4523.98</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856397	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kirk Schuring		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

M M  
0 2

D D  
2 0

Y Y Y Y  
2 0 0 9

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 103 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 28</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4197.50</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856710	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alan Mark Grayson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 28</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4197.49</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856711	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Richard A. Keller		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 104 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 3873.59	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856716	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mark Hamilton Schauer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 300 N. Lee Street Suite 500		Amount 3873.59	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856717	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Timothy L Walberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 105 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4385.88	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856731	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Linda Stender		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4385.87	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856732	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Leonard Lance		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 106 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4902.47	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856735	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4902.47	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856736	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 107 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4172.21	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856737	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kathleen A. Dahlkemper		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4172.20	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-856738	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phillip S English		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 108 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 2334.19	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856739	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kathleen A. Dahlkemper		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 2334.19	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856740	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phillip S English		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 109 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 1051.75	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856884	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: David E. Boswell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 1051.75	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856885	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: KY <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steven Brett Guthrie		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 110 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 3409.51	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856992	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Dina Titus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 3409.51	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856993	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 111 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4153.89	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856994	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alice J. Kryzan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8	
Mailing Address 300 N. Lee Street Suite 500		Amount 4153.89	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856995	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher J. Lee		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 112 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1250.00</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-859450	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Alice J. Kryzan		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee McMahon, Squier, Lapp and Associates, Inc.		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 4</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 300 N. Lee Street Suite 500		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1250.00</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-859451	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher J. Lee		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 11 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 5066.46	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853100	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 11 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 5066.46	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853101	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 114 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 13</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3798.70</div>	
City Alexandria		State VA	
Zip Code 22314		<b>Transaction ID:</b> SE-853106	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Neal Bright, Sr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
		<b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 13</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3798.70</div>	
City Alexandria		State VA	
Zip Code 22314		<b>Transaction ID:</b> SE-853107	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Love		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
		<b>[MEMO ITEM]</b> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 115 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5577.25</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853179	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Travis W. Childers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 4</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5577.25</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853180	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MS <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles Gregory Davis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

M M  
0 2

D D  
2 0

Y Y Y Y  
2 0 0 9

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 11799.63	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853571	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 11799.62	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853572	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Tom Feeney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 117 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">736.25</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853850	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">736.25</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853851	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Tom Feeney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 118 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 3446.40	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853862	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Glenn Carlyle Nye, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 3446.39	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853863	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thelma Drake		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 119 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5354.84</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853899	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steven Driehaus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 1 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5354.84</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-853900	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Chabot		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 120 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3113.14</div>	
City Alexandria		<b>Transaction ID:</b> SE-853903	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NC	
Zip Code 22314		<input type="checkbox"/> Senate District: 08	
Purpose of Expenditure Media Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Larry Kissell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought 0.00		<input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 18</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3113.14</div>	
City Alexandria		<b>Transaction ID:</b> SE-853904	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NC	
Zip Code 22314		<input type="checkbox"/> Senate District: 08	
Purpose of Expenditure Media Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert (Robin) C Hayes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought 0.00		<input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 02</div> <div style="border: 1px solid black; padding: 2px;">D 20</div> <div style="border: 1px solid black; padding: 2px;">Y 2009</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 121 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5150.77</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-854907	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Neal Bright, Sr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5150.77</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-854908	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Love		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 122 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 1977.97	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855055	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles D Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 1977.96	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-855056	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas McClintock		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 123 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3540.95	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855073	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 21 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3540.95	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855074	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 124 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3001.24	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855831	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Nicholas V. Lampson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 23 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3001.24	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-855832	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 22 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Peter G. Olson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 125 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3876.25	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856049	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Glenn Carlyle Nye, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3876.24	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856050	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thelma Drake		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 126 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 2143.87	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856379	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Suzanne Kosmas		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 2143.86	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856380	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 24 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Tom Feeney		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 127 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4421.45</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856392	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steven Driehaus		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 7</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4421.45</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856393	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Chabot		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
0.00			
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2855.64</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856704	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Neal Bright, Sr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 8</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2855.64</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856705	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Love		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

M M  
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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 129 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3153.54	
City Alexandria		<b>Transaction ID:</b> SE-856729	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Zip Code 22314		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Purpose of Expenditure Media Production		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type 004		2008 <b>[MEMO ITEM]</b>	
Name of Federal Candidate supported or Opposed by expenditure: Larry Kissell		SE Memo Entry	
Calendar Year-To-Date Per Election for Office Sought 0.00			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 3153.54	
City Alexandria		<b>Transaction ID:</b> SE-856730	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Zip Code 22314		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Purpose of Expenditure Media Production		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Category/ Type 004		2008 <b>[MEMO ITEM]</b>	
Name of Federal Candidate supported or Opposed by expenditure: Robert (Robin) C Hayes		SE Memo Entry	
Calendar Year-To-Date Per Election for Office Sought 0.00			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 130 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 4245.87	
City Alexandria		<b>Transaction ID:</b> SE-856741	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: PA	
Zip Code 22314		<input type="checkbox"/> Senate District: 12	
Purpose of Expenditure Media Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John P. Murtha		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought 0.00		<input type="checkbox"/> Other (specify) : _____	
		2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 901 N. Washington Street Suite 400		Amount 4245.86	
City Alexandria		<b>Transaction ID:</b> SE-856742	
State VA		Office Sought: <input checked="" type="checkbox"/> House State: PA	
Zip Code 22314		<input type="checkbox"/> Senate District: 12	
Purpose of Expenditure Media Production		<input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Russell		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
Calendar Year-To-Date Per Election for Office Sought 0.00		<input type="checkbox"/> Other (specify) : _____	
		2008 <b>[MEMO ITEM]</b>	
		SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 131 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2155.24</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856743	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Glenn Carlyle Nye, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2155.23</div>	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856744	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thelma Drake		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 132 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3841.29</div>	
City Alexandria		State VA	
Zip Code 22314		Transaction ID: SE-856882	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Charles D Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 29</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3841.29</div>	
City Alexandria		State VA	
Zip Code 22314		Transaction ID: SE-856883	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Thomas McClintock		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff

Signature

Date

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2009

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 133 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 2610.42	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856894	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Mary Jo Kilroy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 901 N. Washington Street Suite 400		Amount 2610.42	
City State Zip Code Alexandria VA 22314		Transaction ID: SE-856895	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve Stivers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 134 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2831.99</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-857032	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Neal Bright, Sr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Murphy Putnam Media, LLC		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 901 N. Washington Street Suite 400		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2831.99</div>	
City State Zip Code Alexandria VA 22314		<b>Transaction ID:</b> SE-857033	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jay Love		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 6365.95	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-853895	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Kratovil		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 6365.94	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-853896	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Andrew P Harris		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5744.15	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-853897	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ciro D. Rodriguez		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5744.15	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-853898	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lyle Larson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 137 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 6114.40	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-854915	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul Kanjorski		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 6114.39	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-854916	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lou Barletta		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 138 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 6577.47	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855063	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elwin Glenn Tinklenberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 6577.47	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855064	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michele M Bachmann		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 5518.56	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855075	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Schrader		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 5518.56	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855076	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael Erickson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1831 Chestnut St Suite 602		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1223.05</div>	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855091	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 2 1</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 1831 Chestnut St Suite 602		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1223.05</div>	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855092	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought 0.00		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 7588.57	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855093	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 7588.56	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-855094	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 142 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5348.15	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856199	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 25 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5348.15	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856200	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 143 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 26 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5312.74	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856251	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Deborah Halvorson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 26 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 5312.74	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856252	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 11 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Martin Ozinga, II		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 7481.92	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856253	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 7481.92	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856254	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph K Knollenberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4254.47	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856383	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Walter Clifford Minnick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4254.47	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856384	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: ID <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: William Sali		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4990.43	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856390	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Kratovil		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4990.43	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856391	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Andrew P Harris		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4603.79	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856890	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elwin Glenn Tinklenberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4603.78	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856891	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michele M Bachmann		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4030.40	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856892	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Adler		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8	
Mailing Address 1831 Chestnut St Suite 602		Amount 4030.40	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-856893	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NJ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Chris Myers		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 31 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 3482.28	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-857035	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Frank Kratovil		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 10 / 31 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 3482.28	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-857036	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Andrew P Harris		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 1286.38	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860690	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount 1286.38	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860691	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -462.88	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860875	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Elwin Glenn Tinklenberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -462.88	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860876	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MN <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michele M Bachmann		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -1348.78	
City State Zip Code Philadelphia PA 19103		<b>Transaction ID:</b> SE-860886	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Kurt Schrader		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -1348.79	
City State Zip Code Philadelphia PA 19103		<b>Transaction ID:</b> SE-860887	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OR <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Michael Erickson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 153 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -623.06	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860888	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -623.07	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860889	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -545.84	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860890	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Trauner		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Shorr Johnson Magnus Media		Date MM / DD / YYYY 12 / 12 / 2008	
Mailing Address 1831 Chestnut St Suite 602		Amount -545.84	
City State Zip Code Philadelphia PA 19103		Transaction ID: SE-860891	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WY <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Cynthia M. Lummis		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1577.75	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853110	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Teague		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1577.75	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853111	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Edward R. Tinsley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 156 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 3226.15	
City Washington State DC Zip Code 20003		Transaction ID: SE-853169	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 14 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 3226.15	
City Washington State DC Zip Code 20003		Transaction ID: SE-853170	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sydney Hay		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2162.92</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853584	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 10</div> <div style="border: 1px solid black; padding: 2px;">D 15</div> <div style="border: 1px solid black; padding: 2px;">Y 2008</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2162.92</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853585	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph E. Bradley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	

(a) **SUBTOTAL** of Itemized Independent Expenditures ..... 

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Brian L. Wolff  
 \_\_\_\_\_  
 Signature

Date

M  
02

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20

Y  
2009

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1081.25	
City Washington State DC Zip Code 20003		Transaction ID: SE-853858	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Teague		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1081.25	
City Washington State DC Zip Code 20003		Transaction ID: SE-853859	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Edward R. Tinsley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1892.02	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853860	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1892.02	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-853861	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeannette H Schmidt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1182.51</div>	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-853891	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: R. Parker Griffith		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> 2008 <b>[MEMO ITEM]</b>	
SE Memo Entry			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1182.50</div>	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-853892	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/ Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Wayne Parker, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> 2008 <b>[MEMO ITEM]</b>	
SE Memo Entry			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9</div> </div>	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 161 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2913.46	
City Washington State DC Zip Code 20003		Transaction ID: SE-853893	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert James Lord		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2913.46	
City Washington State DC Zip Code 20003		Transaction ID: SE-853894	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Shadeggs		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 162 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 276.80	
City State Zip Code Washington DC 20003		Transaction ID: SE-853901	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jim Himes		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 18 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 276.80	
City State Zip Code Washington DC 20003		Transaction ID: SE-853902	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Christopher Shays		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2396.76	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-855186	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Carol Shea-Porter		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2396.76	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-855187	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NH <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Joseph E. Bradley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 164 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1210.27	
City Washington State DC Zip Code 20003		Transaction ID: SE-856039	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: R. Parker Griffith		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 24 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1210.27	
City Washington State DC Zip Code 20003		Transaction ID: SE-856040	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Wayne Parker, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1820.34	
City State Zip Code Washington DC 20003		Transaction ID: SE-856041	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Teague		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1820.34	
City State Zip Code Washington DC 20003		Transaction ID: SE-856042	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Edward R. Tinsley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2197.16	
City Washington State DC Zip Code 20003		Transaction ID: SE-856043	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ann Kirkpatrick		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2197.16	
City Washington State DC Zip Code 20003		Transaction ID: SE-856044	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Sydney Hay		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2628.85	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856249	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Robert James Lord		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 2628.85	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856250	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Shadeggs		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1859.57	
City Washington State DC Zip Code 20003		Transaction ID: SE-856394	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Victoria Wulsin		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 8	
Mailing Address 700 Seventh Street, SE		Amount 1859.56	
City Washington State DC Zip Code 20003		Transaction ID: SE-856395	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeannette H Schmidt		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1540.00	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856706	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: R. Parker Griffith		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 10 / 28 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1540.00	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856707	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Wayne Parker, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 <b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">590.52</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856708	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: R. Parker Griffith		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 0.00		<div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 2 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">590.51</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-856709	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AL <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Wayne Parker, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought 0.00		<div style="text-align: right;"><b>[MEMO ITEM]</b></div> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 07 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2437.00	
City State Zip Code Washington DC 20003		Transaction ID: SE-857521	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 [MEMO ITEM] SE Memo Entry	
2653.00			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 07 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2437.00	
City State Zip Code Washington DC 20003		Transaction ID: SE-857522	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 [MEMO ITEM] SE Memo Entry	
2653.00			
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 1 1</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">957.50</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-857564	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 1 1</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">957.50</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-857565	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 14 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2520.85	
City State Zip Code Washington DC 20003		Transaction ID: SE-857660	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2653.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 14 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 2520.85	
City State Zip Code Washington DC 20003		Transaction ID: SE-857661	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2653.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2078.25</div>	
City Washington State DC Zip Code 20003		Transaction ID: SE-857822	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div>	
		<b>[MEMO ITEM]</b>	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2078.25</div>	
City Washington State DC Zip Code 20003		Transaction ID: SE-857823	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 <div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div>	
		<b>[MEMO ITEM]</b>	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Brian L. Wolff _____ Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2800.63</div>	
City Washington State DC Zip Code 20003		Transaction ID: SE-857824	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div>		SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2800.63</div>	
City Washington State DC Zip Code 20003		Transaction ID: SE-857825	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div>		SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 25 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1351.82	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-858104	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 [MEMO ITEM] SE Memo Entry	
2653.00			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 25 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 1351.82	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-858105	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008 [MEMO ITEM] SE Memo Entry	
2653.00			
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1912.37</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-858134	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 1 1</div> <div style="border: 1px solid black; padding: 2px;">D 2 6</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1912.37</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-858136	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1206.25</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-859337	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2653.00</div> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1206.25</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-859338	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008 <b>[MEMO ITEM]</b>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2653.00</div> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00000935</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2351.90</div>	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-859339	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2653.00</div>		<b>[MEMO ITEM]</b> SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 2</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2351.89</div>	
City State Zip Code Washington DC 20003		<b>Transaction ID:</b> SE-859340	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2653.00</div>		<b>[MEMO ITEM]</b> SE Memo Entry	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 0 2</div> <div><small>D D</small> 2 0</div> <div><small>Y Y Y Y</small> 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 24 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 568.75	
City Washington State DC Zip Code 20003		Transaction ID: SE-859460	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Harry Teague		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date MM / DD / YYYY 11 / 24 / 2008	
Mailing Address 700 Seventh Street, SE		Amount 568.75	
City Washington State DC Zip Code 20003		Transaction ID: SE-859461	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Edward R. Tinsley, III		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2008 [MEMO ITEM] SE Memo Entry	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00000935         </div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1066.00</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-859790	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
Full Name (Last, First, Middle, Initial) of Payee Struble Eichenbaum Communications		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 2</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 8</div> </div>	
Mailing Address 700 Seventh Street, SE		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1066.00</div>	
City Washington State DC Zip Code 20003		<b>Transaction ID:</b> SE-859791	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2653.00</div> <div style="text-align: right;"><b>[MEMO ITEM]</b></div>	
SE Memo Entry			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....		<div style="border: 1px solid black; padding: 2px;">0.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....			
<b>(c) TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 2</div> <div style="border: 1px solid black; padding: 2px;">D D 2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 9</div> </div>	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		FEC IDENTIFICATION NUMBER <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 2653.00	
City State Zip Code Alexandria VA 22311		Transaction ID: SE-860750	
Purpose of Expenditure Literature		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Carmouche		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
Full Name (Last, First, Middle, Initial) of Payee Mack Crounse Group, LLC		Date of Dissemination 12/5/08;- Last Minute IE disseminated less than 24 hrs prior to General Election M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9	
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 2653.00	
City State Zip Code Alexandria VA 22311		Transaction ID: SE-860751	
Purpose of Expenditure Literature		Office Sought: <input checked="" type="checkbox"/> House State: LA <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Calvin Fleming, Jr.		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought		2008	
(a) SUBTOTAL of Itemized Independent Expenditures .....		5306.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 183 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4465.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-860852	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: James D. Esch		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008	
Date of Dissemination 10/14/08			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4465.00	
City Washington State DC Zip Code 20007		Transaction ID: SE-860853	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NE <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Lee Terry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4465.00		2008	
Date of Dissemination 10/14/08			
(a) SUBTOTAL of Itemized Independent Expenditures .....		8930.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 184 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 1875.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860854	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ethan A Berkowitz		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6412.50		2008	
Date of Dissemination 10/14/08			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 1875.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860855	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald E. Young		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6412.50		2008	
Date of Dissemination 10/14/08			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		3750.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 185 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 01 / 30 / 2009	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 2525.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860856	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Judith W. Baker		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008	
Date of Dissemination 10/14/08			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date MM / DD / YYYY 01 / 30 / 2009	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 2525.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860857	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: MO <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Blaine Luetkemeyer		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2525.00		2008	
Date of Dissemination 10/14/08			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		5050.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date MM / DD / YYYY 02 / 20 / 2009	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 186 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4537.50	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860858	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ethan A Berkowitz		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6412.50		2008	
Date of Dissemination 10/15/08			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4537.50	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860859	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: AK <input type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Donald E. Young		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6412.50		2008	
Date of Dissemination 10/15/08			
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		9075.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 187 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4325.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860860	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Steve L Kagen		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4325.00		2008 Date of Dissemination 10/15/08	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4325.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860861	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: WI <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: John Gard		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4325.00		2008 Date of Dissemination 10/15/08	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8650.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 188 / 495

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00000935	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4350.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860862	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Martin Heinrich		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4350.00		2008 Date of Dissemination 10/17/08	
Full Name (Last, First, Middle, Initial) of Payee Dixon / Davis Media Group, LLC		Date M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9	
Mailing Address 1028 33rd Street, NW Suite 300		Amount 4350.00	
City Washington State DC Zip Code 20007		<b>Transaction ID:</b> SE-860863	
Purpose of Expenditure Media Production		Office Sought: <input checked="" type="checkbox"/> House State: NM <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type 004		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Darren P White		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 4350.00		2008 Date of Dissemination 10/17/08	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....		8700.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			
(c) <b>TOTAL</b> Independent Expenditures .....		49461.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Brian L. Wolff Signature		Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 9	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Renate Ackermann

Mailing Address 27 Chatham Ct

City

Newport Beach

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5963925

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)

Joan Aldous

Mailing Address 1516 Marigold Way  
Apt. 602

City

South Bend

State

IN

Zip Code

46617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Notre Dame

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5958984

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William B. Alsup

Mailing Address 3019 44th St. NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hines

Occupation  
Real Estate Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: C5943373

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1708.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Joe A. Armel

Mailing Address 33 Bay Vista Dr

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5963467

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony J. Augustine

Mailing Address 1029 Old Green Bay Rd.

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prairie Night and Developm-  
ent Inc.

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5946290

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

W. Bacchus

Mailing Address 5425 20th St N

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5952579

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Phillip R. Bagato

Mailing Address 15309 Nevada St

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5952690

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Velvalee G. Bailey

Mailing Address 3628 Parkside Dr.

City

San Bernadino

State

CA

Zip Code

92404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950552

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Cameron Baker

Mailing Address 38 Alcatraz Ave

City

Belvedere

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fanella, Bravo & Martel

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5969936

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

John Balint

Mailing Address 7 La Grange Rd

City

Delmar

State

NY

Zip Code

12054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albany Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5947543

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William J. Barkett

Mailing Address 7724 Prospect Pl

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merjan Financial

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924026

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Carla J. Barrett

Mailing Address 3423 Westenedge Dr.

City

Columbus

State

IN

Zip Code

47203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: C5962120

Amount of Each Receipt this Period

209.00

**SUBTOTAL** of Receipts This Page (optional) .....

28959.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary E. Battle

Mailing Address 3920 13th St NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5959931

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joyce Beasley

Mailing Address 5133 Valburn Ct.

City

Austin

State

TX

Zip Code

78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lloyd Gosselink

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5951266

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

William Becker

Mailing Address 320 E 72nd St

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Janus Films Co.

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5944320

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Betsey D. Beckman

Mailing Address 16001 Larch Way

City

Lynnwood

State

WA

Zip Code

98087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5960360

Amount of Each Receipt this Period

202.80

**B.**

Full Name (Last, First, Middle Initial)

Mildred Berg

Mailing Address 838 Santa Fe Ave

City

Palo Alto

State

CA

Zip Code

94305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5948064

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Pradeepkumar T. Bhakta

Mailing Address 2327 Pinn Rd

City

San Antonio

State

TX

Zip Code

78227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pinn Road Motel

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 0 / 2 0 0 9

Transaction ID: C5969792

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

752.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Elisabeth Bicknell

Mailing Address 1130 Mount George Ave

City

Napa

State

CA

Zip Code

94558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5947730

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Neal Boswell

Mailing Address 906 Pine Marsh Dr

City

Brunswick

State

GA

Zip Code

31525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summit Internal Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5944310

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Bridge

Mailing Address 60 Robinhood Dr.

City

San Francisco

State

CA

Zip Code

94127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5964912

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Marguerite M Brown

Mailing Address 31741 Greenbrier Ln

City

Hayward

State

CA

Zip Code

94544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5949083

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Anne M. Brownell

Mailing Address 122 Duke's County Ave.

City

Oak Bluffs

State

MA

Zip Code

02557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Licensed Mental Health Counselor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5963023

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Pauline A. Burgher

Mailing Address 1752 North Blvd

City

Houston

State

TX

Zip Code

77098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5958777

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1005.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul A. Bittenwieser

Mailing Address 200 Marsh St

City

Belmont

State

MA

Zip Code

24782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: C5942155

Amount of Each Receipt this Period

-5000.00

NSF

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth J. Cabraser

Mailing Address 7463 Foothill Ranch Rd

City

Santa Rosa

State

CA

Zip Code

95404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lief, Cabraser, Heimann &  
BernsteinOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: C5942128

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Capizzano

Mailing Address 1371 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teaching StrategiesOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: C5942142

Amount of Each Receipt this Period

9500.00

SUBTOTAL of Receipts This Page (optional) .....

33000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

R. E. Cardenas

Mailing Address 4 Calle Anacua

City

Brownsville

State

TX

Zip Code

78520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5951005

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Rex A. Carnes

Mailing Address 2727 Nelson Rd  
Apt. G108

City

Longmont

State

CO

Zip Code

80503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5971215

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Elaine Carr

Mailing Address 11338 Sea Grass Cir.

City

Boca Raton

State

FL

Zip Code

33498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5962004

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional) .....

1708.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Candace M. Carroll

Mailing Address 1939 Via Casa Alta

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan Hill et al

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5963258

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia L. Castro

Mailing Address 901 Madonna Way

City

Los Altos

State

CA

Zip Code

94024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5951257

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Chevy Chase

Mailing Address P.O. Box 257

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5968298

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jayni Chase

Mailing Address P.O. Box 257

City

Bedford

State

NY

Zip Code

10506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Actor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5971194

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Cherry

Mailing Address 6622 N Le Mai Ave

City

Lincolnwood

State

IL

Zip Code

60712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5969834

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William B. Cooley

Mailing Address P.O. Box 60094

City

Harrisburg

State

PA

Zip Code

17106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5960971

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth M. Cospers

Mailing Address P.O. Box 2277

City

East Setauket

State

NY

Zip Code

11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cospers Environmental Svc

Occupation

Scientist/Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5946566

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Lois M. Curtis

Mailing Address 5789 Crystal Springs Dr NE

City

Bainbridge Island

State

WA

Zip Code

98110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City Of Bainbridge Island

Occupation

City Council Person

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5952643

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Eric Davidson

Mailing Address 2256 Brambling Ln

City

Pasadena

State

CA

Zip Code

91107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caltech

Occupation

Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947936

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Grant Davies

Mailing Address 4313 Bradley Lane

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teaching Strategies Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942141

Amount of Each Receipt this Period

9500.00

**B.**

Full Name (Last, First, Middle Initial)

Charles J. Davilla

Mailing Address 11000 Woodruff Ave  
Apt. 12

City

Downey

State

CA

Zip Code

90241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5953790

Amount of Each Receipt this Period

675.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela S. Deal

Mailing Address P.O. Box 159

City

Anoka

State

MN

Zip Code

55303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5963414

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

11175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara K Decoster

Mailing Address 17 Martha Ln

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	0	9

Transaction ID: C5959397

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

E. J. Dieterich

Mailing Address 154 Highland Ave

City

Winchester

State

MA

Zip Code

18902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	0	9

Transaction ID: C5942260

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Wallace J. Dockter

Mailing Address 2301 Pine Knoll Dr  
Apt. 10

City

Walnut Creek

State

CA

Zip Code

94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Transaction ID: C5942617

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional) .....

1245.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Eileen C. Doherty

Mailing Address 3632 N Janssen Ave

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM

Occupation

Director, BT CIO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5968083

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Curt Dombek

Mailing Address 2641 Nichols Canyon Road

City

Los Angeles

State

CA

Zip Code

90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bryan Cave Law Offices

Occupation

Attorney

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5924064

Amount of Each Receipt this Period

2375.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Domenick

Mailing Address 315 C St NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multiple Strategies LLC

Occupation

President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942122

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

31125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn D. Donald

Mailing Address 401 Lake Rd

City

Springdale

State

AR

Zip Code

72764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Support Network

Occupation

Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5952546

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Georgeann Dukes

Mailing Address 2511 Big Horn Ln

City

Richardson

State

TX

Zip Code

75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: C5960147

Amount of Each Receipt this Period

208.00

**C.**

Full Name (Last, First, Middle Initial)

Ruane A. Dunlap

Mailing Address P.O. Box 172

City

Circle

State

MT

Zip Code

59215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5948678

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

958.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Marian L. Edelstein

Mailing Address 180 E Pearson St  
Apt. 3801

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5943714

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joanne H. Egerman

Mailing Address 77 Westcliff Rd

City State Zip Code  
Weston MA 24931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5924043

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Egerman

Mailing Address 77 Westcliff Rd

City State Zip Code  
Weston MA 24931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
eScription, Inc.

Occupation  
Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924028

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

57500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Frozan E. Ehmedi

Mailing Address 16 Vanessa Ct.

City

Cherry Hill

State

NJ

Zip Code

08003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	9	

Transaction ID: C5951901

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Carol W. Ellis

Mailing Address 7039 Encina Ln

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	9	

Transaction ID: C5952687

Amount of Each Receipt this Period

330.00

**C.**

Full Name (Last, First, Middle Initial)

Steven A. Elmendorf

Mailing Address 2301 Connecticut Avenue NW  
Apt. 7b

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elmendorf Strategies LLC

Occupation

Lobbyist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	9	

Transaction ID: C5942152

Amount of Each Receipt this Period

30400.00

SUBTOTAL of Receipts This Page (optional) .....

31730.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

J. P. Endsley

Mailing Address 7033 Fremont Ct

City

Indianapolis

State

IN

Zip Code

46256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5944357

Amount of Each Receipt this Period

225.00

**B.**

Full Name (Last, First, Middle Initial)

Florence A. Eng

Mailing Address 135 Central Park W  
Apt. 8S

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942126

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

L. Erlenmeyer-Kimling

Mailing Address 1 Briarwood Lane

City

Stamford

State

CT

Zip Code

06903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NYS Psychiatric Institute

Occupation  
Research Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5951357

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

31375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrea M. Fallek

Mailing Address 465 Park Ave  
# 26A

City State Zip Code  
New York NY 10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5947428

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Clairece Feagin

Mailing Address 48 Pamela Lane

City State Zip Code  
College Station TX 77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5971029

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence K. Fielden

Mailing Address 1000 Lake St.

City State Zip Code  
Salt Lake City UT 84105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5966031

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional) .....

758.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

James B. Flaws

Mailing Address 138 W Hill Ter

City

Painted Post

State

NY

Zip Code

14870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corning

Occupation

Vice Chairman & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5947725

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lillian Forte

Mailing Address 347 Lincoln Pl  
Apt. 2B

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5958858

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Lillian Forte

Mailing Address 347 Lincoln Pl  
Apt. 2B

City

Brooklyn

State

NY

Zip Code

11238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5963197

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1335.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Elaine S. Frank

Mailing Address 657 Hibbard Rd

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947941

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Neba V. Funiba

Mailing Address 6512 41st Ave.

City

Hyattsville

State

MD

Zip Code

20782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USDHUD

Occupation  
Community Planning Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5951740

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Eleanore G Gann

Mailing Address 8222 Marcie Dr

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5963436

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 212 / 495  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Caroline Gaynor

Mailing Address 960 NE 78th St

City

Miami

State

FL

Zip Code

33138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Investments

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947188

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth E. Gerber

Mailing Address 202 Maryland Dr

City

Texarkana

State

TX

Zip Code

75501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5948979

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Susan A. Gibson

Mailing Address 420 E. Massachusetts Avenue

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5968668

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan A. Gibson

Mailing Address 420 E. Massachusetts Avenue

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5968669

Amount of Each Receipt this Period

201.00

**B.**

Full Name (Last, First, Middle Initial)

Dana Gies

Mailing Address 1879 E 1700 S

City

Gooding

State

ID

Zip Code

83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5967340

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth Girard

Mailing Address 14509 Brookmead Dr.

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5950511

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

801.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas V. Girardi

Mailing Address 1126 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Girardi and Keese

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5942099

Amount of Each Receipt this Period

25000.00

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Glick

Mailing Address P.O. Box 1161

City

Rowlett

State

TX

Zip Code

75030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5960640

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin L. Goldwasser

Mailing Address 612 W Delaware Ave

City

Urbana

State

IL

Zip Code

61801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Institute Of Tech.

Occupation  
Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947454

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

26300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael D. Griffin

Mailing Address 180 Riverside Blvd  
Apt. 21E

City State Zip Code  
New York NY 10069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: C5924041

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Gross

Mailing Address 12230 205th St. N

City State Zip Code  
Marine On Saint Cr MN 55047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950931

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mary R. Guettel

Mailing Address 211 Central Park W

City State Zip Code  
New York NY 10024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Composter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5951105

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

29300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 216 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard J. Guggenheimer

Mailing Address 1000 Mason St.  
Apt. 403

City State Zip Code  
San Francisco CA 94108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heller, Ehrman, White &  
McAuliffe

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: C5942138

Amount of Each Receipt this Period

14500.00

**B.**

Full Name (Last, First, Middle Initial)

Augustine V. Guillen

Mailing Address 122 Pennystone Ave.

City State Zip Code  
San Antonio TX 78223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5951215

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Haas

Mailing Address 873 Ferndale Ct

City State Zip Code  
Bowling Green OH 43402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5968241

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

15150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

William Hagans

Mailing Address 3200 Travis St  
 FI 4

City State Zip Code  
 Houston TX 77006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Hagans Burdine & Montgome-  
 ry

Occupation  
 Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 1 2 / 2 0 0 9

Transaction ID: C5924042

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert W. Hall

Mailing Address PO Box 309

City State Zip Code  
 Mooresville IN 46158

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 N/A

Occupation  
 Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 0 5 / 2 0 0 9

Transaction ID: C5942325

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth E. Hamilton

Mailing Address 213 9th Ave NE

City State Zip Code  
 Waseca MN 56093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Information Requested

Occupation  
 Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 0 7 / 2 0 0 9

Transaction ID: C5959504

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

28950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth E. Hamilton

Mailing Address 213 9th Ave NE

City

Waseca

State

MN

Zip Code

56093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: C5959505

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Vivian Hannon

Mailing Address 1241 Blount Ave.

City

Guntersville

State

AL

Zip Code

35976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: C5958222

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Clara Harari

Mailing Address 720 W End Ave  
# 605

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5944365

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jda Harrington

Mailing Address P.O. Box 9808

City

San Rafael

State

CA

Zip Code

94912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: C5956364

Amount of Each Receipt this Period

-500.00

NSF

**B.**

Full Name (Last, First, Middle Initial)

Douglas Heidenreich

Mailing Address 11 Summit Ct. Apt. 16

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Transaction ID: C5955306

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Suzanne Herzing

Mailing Address Unit 1009

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Transaction ID: C5967069

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Alice M. Heuer

Mailing Address 2922 Druid Ln.

City

Los Alamitos

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5965365

Amount of Each Receipt this Period

209.00

**B.**

Full Name (Last, First, Middle Initial)

Ira M. Heyman

Mailing Address 1014 Cragmont Ave

City

Berkeley

State

CA

Zip Code

94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5957012

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

H. L. Hickman

Mailing Address 2034 Castleman Dr

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5946902

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

909.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 221 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

H. L. Hickman

Mailing Address 2034 Castleman Dr

City

Nashville

State

TN

Zip Code

37215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5952522

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel W. Hildreth

Mailing Address 55 Thornhurst Rd

City

Falmouth

State

ME

Zip Code

41051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diversified Communications

Occupation  
Businessperson

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5948505

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

John Hirschi

Mailing Address 3305 Buchanan St

City

Wichita Falls

State

TX

Zip Code

76308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Real Estate Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5954371

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

John K. Hoey

Mailing Address 3801 Canterbury Rd  
Unit 1004City State Zip Code  
Baltimore MD 21218FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Projussus TherapyOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: C5957949

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

David James Hogan

Mailing Address 100 United Nations Plaza  
Apt. 22BCity State Zip Code  
New York NY 10017FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mannheim, LLCOccupation  
Investments

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	0	9

Transaction ID: C5924025

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Jacob Hopkins

Mailing Address 666 Houston Ave  
#212City State Zip Code  
Takoma Park MD 20912FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Transaction ID: C5971117

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

29050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jacob Hopkins

Mailing Address 666 Houston Ave  
#212

City State Zip Code  
Takoma Park MD 20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5971118

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

James C. Hormel

Mailing Address 19 Sutter St

City State Zip Code  
San Francisco CA 94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Equidex, Inc.

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5942110

Amount of Each Receipt this Period

30400.00

**C.**

Full Name (Last, First, Middle Initial)

Emogene Howerton

Mailing Address 164 Cypress Pt N

City State Zip Code  
Deland FL 32724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5943705

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

30655.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Howard L. Hoy

Mailing Address 2624 Boyd St

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRS

Occupation

Revenue Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	9	

Transaction ID: C5953057

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Huberman

Mailing Address 2141 P St NW  
Apt. 302

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSHA

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	9	

Transaction ID: C5944027

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jerusha H. Insell

Mailing Address 1193 W 12th St.

City

Jacksonville

State

FL

Zip Code

32209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	9	

Transaction ID: C5951870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Margaret C. Ives

Mailing Address 130D Seminary Ave.

City

Auburndale

State

MA

Zip Code

02466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5946208

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Deborah J. Jackson

Mailing Address 70 Colony Ridge Dr.

City

Johns Creek

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5965627

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathy B. Jackson, Ph. D.

Mailing Address 104 Quailview Drive

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Access Health Solutions  
Partnership

Occupation  
Partner/Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924023

Amount of Each Receipt this Period

28000.00

**SUBTOTAL** of Receipts This Page (optional) .....

28750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Gilbert Jacobs

Mailing Address 20217 Wells Dr.

City

Woodland Hills

State

CA

Zip Code

91364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950850

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Priscilla Joseph

Mailing Address 24 N St

City

Turners Falls

State

MA

Zip Code

13761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USDA/Foreign Agriculture  
Service

Occupation

Economist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 1 / 2 0 0 9

Transaction ID: C5968175

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia H. Judd

Mailing Address 1367 Via Alta

City

Del Mar

State

CA

Zip Code

92014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSD

Occupation

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5963550

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 227 / 495  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

S. L. Kaercher

Mailing Address 710 Sunnit Avenue

City

Havre

State

MT

Zip Code

59501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: C5962213

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Harry P. Kamen

Mailing Address 910 Park Ave  
# 65

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	0	9

Transaction ID: C5924029

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

David P. Kelleher

Mailing Address 302 N Underwood St

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Computer Programmer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: C5944115

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

29050.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Marion Kellogg

Mailing Address 772 Brush Hill Rd

City

Stowe

State

VT

Zip Code

56724

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: C5948134

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Linda Ketelaar

Mailing Address 224 Cureton St

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arnold Info Systems

Occupation

Driver

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: C5952899

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)

Michael S. Klein

Mailing Address P.O. Box 626

City

Corte Madera

State

CA

Zip Code

94976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Modulus Guitars

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

Transaction ID: C5924014

Amount of Each Receipt this Period

28500.00

SUBTOTAL of Receipts This Page (optional) .....

29725.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

James E. E. Kline

Mailing Address 1500 Sheridan Rd  
Unit 5G

City State Zip Code  
Wilmette IL 60091

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947239

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Todd L. Koons

Mailing Address P.O. Box 1619

City State Zip Code  
Sausalito CA 94966

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Epic Roots, Inc.

Occupation  
Farmer/Marketer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: C5924034

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Peter A. Kraus

Mailing Address 4906 Shadywood Ln

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Walters & Kraus LLP

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5924048

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

57500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry L. Krummel

Mailing Address 13750 Serra Oaks Ct

City

Saratoga

State

CA

Zip Code

95070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
All My Papers

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5942432

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Roger S. Kuhn

Mailing Address 7108 Laverock Ln  
Apt. 421

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5942709

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gloria I. Kuhnhausen

Mailing Address 94 Longfellow Rd.

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5951617

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Gloria I. Kuhnhausen

Mailing Address 94 Longfellow Rd.

City

Mill Valley

State

CA

Zip Code

94941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5951616

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

John H. Lahr

Mailing Address The New Yorker 4 Times Square

City

New York

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5950246

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Ledger

Mailing Address 600 Lake Dr

City

Princeton

State

NJ

Zip Code

85405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornell Medical College

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5954712

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 232 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Glendon T. Lee

Mailing Address 28 Terriwood Dr

City

Tuscaloosa

State

AL

Zip Code

35401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: C5958214

Amount of Each Receipt this Period

208.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Leventhal

Mailing Address 9 Sunny Ct

City

Somerset

State

NJ

Zip Code

88735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rutgers University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5946927

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela Anagnos Liapakis

Mailing Address 515 E 79th St  
FL 14

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sullivan & Liapakis

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 9

Transaction ID: C5956393

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

958.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jan H. Lindelow

Mailing Address 8105 Ravello Ridge Cv

City

Austin

State

TX

Zip Code

78735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5955300

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joanna London

Mailing Address 3940 Langley Ct NW  
Apt. E635

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5948043

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Wallace Lyons

Mailing Address 5408 Navajo

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5966943

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Janis L. Lysen

Mailing Address 2849 42nd Avenue S

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5965156

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Thaderine D. MacFarlane

Mailing Address 965 Tournament Drive

City

Hillsborough

State

CA

Zip Code

94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942124

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Vincent A. Mai

Mailing Address 50 Cornwall Ln

City

Port Washington

State

NY

Zip Code

11050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AEA Investors, Inc.

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942139

Amount of Each Receipt this Period

30400.00

**SUBTOTAL** of Receipts This Page (optional) .....

59150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald M. Mankoff

Mailing Address 22 Lakeside Park  
#550

City State Zip Code  
Dallas TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5946812

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Brian Marlowe

Mailing Address 67 Bridgetown Rd

City State Zip Code  
Hilton Head Island SC 29928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5968184

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

James D. Massie

Mailing Address 501 High St

City State Zip Code  
Alexandria VA 22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alpine Group

Occupation  
Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: C5924044

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

29200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Warren E. Mathews

Mailing Address 1010 Centinela Ave

City

Santa Monica

State

CA

Zip Code

90403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5946898

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Mawhinney

Mailing Address 2817 Mockingbird Ct

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Maryland

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5949029

Amount of Each Receipt this Period

218.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Anne McCarthy

Mailing Address 2622 Laurel Ave

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 0 9

Transaction ID: C5968654

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1218.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Nion T. McEvoy

Mailing Address 101 Jordan Ave

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chronicle Books

Occupation

Chairman &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Transaction ID: C5924017

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael McGinnis

Mailing Address 15222 Rainhollow Dr

City

Houston

State

TX

Zip Code

77070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Xserv Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: C5953804

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mary B. Mcmillan

Mailing Address 2925 Lincoln Dr  
Apt. 713

City

Saint Paul

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: C5952874

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

29250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Mehiel

Mailing Address 115 Stevens Ave  
Suite 105

City State Zip Code  
Valhalla NY 10595

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sweetheart Cub Co., Inc.

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942118

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

James Melius

Mailing Address 11 Cemetary Rd.

City State Zip Code  
Copake Falls NY 12517

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: C5961717

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Matilda B Melnick

Mailing Address 8838 Chatsworth Dr  
Apt. 1315

City State Zip Code  
Houston TX 77024

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5963509

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

29050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Rebecca S. Mericle

Mailing Address 1982 Kroupa Rd

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5952892

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Metz

Mailing Address 811 Butternut Rd

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of WI Madison

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5953322

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Hormoz Mohtashemi

Mailing Address 516 Hamburg Turnpike  
Suite 11

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5963071

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Monaldi

Mailing Address 3803 Hamilton Avenue

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Penn-Mar Organization, In-  
c.

Occupation

Residential Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: C5970849

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Evalyn Moore

Mailing Address 900 Hillcrest Dr

City

Richmond

State

TX

Zip Code

77469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5952621

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ruth Moore

Mailing Address 4303 4th Ave NE

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5947866

Amount of Each Receipt this Period

230.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ken F. Mountcastle, Jr.

Mailing Address 37 Oenoke Ln

City

New Canaan

State

CT

Zip Code

68404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5945268

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Philip R. Munger

Mailing Address 40 Fifth Avenue  
#11C

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Policy Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924024

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Erik H. Murer

Mailing Address 720 Pine St

City

Philadelphia

State

PA

Zip Code

19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5947408

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

29300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

William K. Nisbet

Mailing Address 126 Garces Dr

City

San Francisco

State

CA

Zip Code

94132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5946823

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis O'Neal

Mailing Address 1802 Granby Way

City

Frederick

State

MD

Zip Code

21702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norwin Technologies

Occupation  
Technology Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942156

Amount of Each Receipt this Period

-1000.00

NSF

**C.**

Full Name (Last, First, Middle Initial)

Suzanne O'Neill

Mailing Address 399 Main St.

City

Wakefield

State

MA

Zip Code

01880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Shoe Repair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5951279

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Oertel

Mailing Address 6018 SW Cupola Drive

City

South Beach

State

OR

Zip Code

97366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5967561

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Ornish

Mailing Address 900 Bridgeway  
Suite 2

City

Sausalito

State

CA

Zip Code

94965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preventive Medicine Res.  
Inst.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5924062

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas G. Parachini

Mailing Address 150 W Jefferson Ave  
Suite 2500

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller Canfield Paddock  
Stone

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5964073

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

29050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Diane W Parker

Mailing Address PO Box 1011

City

Thomasville

State

GA

Zip Code

31799

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5948320

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Parry

Mailing Address 9301 Copernicus Dr

City

Lanham

State

MD

Zip Code

20706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5946795

Amount of Each Receipt this Period

230.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Parven

Mailing Address 8817 Sleepy Hollow Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Parven Pomper Strategies

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: C5924032

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

31230.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Patrick, Jr.

Mailing Address 38 Church St

City

Charleston

State

SC

Zip Code

29401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richardson Patrick Westbr-  
ook & Brickma

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C5924015

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Gloria Peck

Mailing Address 2340 Delmar Dr E

City

Seattle

State

WA

Zip Code

98102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5946745

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph B. Pereles

Mailing Address 13456 Maple Ridge Ct

City

Saint Louis

State

MO

Zip Code

63141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drury Inss Inc.

Occupation  
VP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5954863

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

29250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah Pines

Mailing Address 7 Ploughmans Bush

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Psychotherapist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5968034

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Christine Powell

Mailing Address 1226 Rue Saint Martin

City

San Marcos

State

CA

Zip Code

92078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950852

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

Melretta Pratt

Mailing Address 7030 NW 28th Ave

City

Miami

State

FL

Zip Code

33147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950125

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

John S. Price

Mailing Address P.O. Box 187

City

Bryn Mawr

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: C5949485

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Guerry W. Putnam

Mailing Address 1222 Lodema Ln

City

Duncanville

State

TX

Zip Code

75116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US TreasuryOccupation  
Federal Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: C5959147

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Doreen Quinn

Mailing Address 569 Evanswood Pl

City

Cincinnati

State

OH

Zip Code

45220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Transaction ID: C5944232

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Gomathi Ramachandran

Mailing Address 22 Longview Dr

City

Holmdel

State

NJ

Zip Code

77331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AT & T

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5964551

Amount of Each Receipt this Period

209.00

**B.**

Full Name (Last, First, Middle Initial)

Rudy Ramirez

Mailing Address 5444 Williams Rd

City

Suisun City

State

CA

Zip Code

94534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5953888

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jose M. Ramos Gonzalez

Mailing Address 57 Pitt St.  
#2

City

New York

State

NY

Zip Code

10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5965291

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

959.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Anna Winter Rasmussen

Mailing Address 393 Estabrook Rd

City

Concord

State

MA

Zip Code

17425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C5942129

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Neil E. Rasmussen

Mailing Address 393 Estabrook Rd

City

Concord

State

MA

Zip Code

17425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
APC Corp.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C5942130

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

J Ronald Ratliff

Mailing Address 10748 Deerwood Park Blvd South

City

Jacksonville

State

FL

Zip Code

32256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Reynolds, Smith and Hills  
Inc.

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C5942112

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

57500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

David A. Reichert

Mailing Address 10574 E Tamarisk Way

City

Scottsdale

State

AZ

Zip Code

85262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: C5955740

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph J. Rhoades

Mailing Address P.O. Box 874

City

Wilmington

State

DE

Zip Code

19899

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	0	/	2	0	0	9

Transaction ID: C5958635

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Murray Richards

Mailing Address P.O. Box 1039

City

Ross

State

CA

Zip Code

94957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Transaction ID: C5947450

Amount of Each Receipt this Period

230.00

SUBTOTAL of Receipts This Page (optional) .....

1530.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Rohn

Mailing Address 4302 Hidden Links Ct.

City

Kingwood

State

TX

Zip Code

77339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

Transaction ID: C5962319

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Laurence Roth

Mailing Address 35 Hub Dr

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marchon Eyewear

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: C5924040

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Ruettgers

Mailing Address 453 Bedford Rd

City

Carlisle

State

MA

Zip Code

17411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emc Corp

Occupation

Businessman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: C5964016

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

29250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lisa Sardegna

Mailing Address 435 Vassar Avenue

City

Berkeley

State

CA

Zip Code

94708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Conservator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C5924020

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Paul David Sawi

Mailing Address 2934 Avalon Avenue

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sonoma Vista Ranch

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942117

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Gertrude Saylor

Mailing Address 200 Herndon Ln.

City

Berea

State

KY

Zip Code

40403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5946012

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

57500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

K. A. Scanlan

Mailing Address 525 Lane PI S

City

Salem

State

OR

Zip Code

97302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Salem Radiology Coonsulta-  
nts

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5948928

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Schardt

Mailing Address 8 Orchard Way

City

Kentfield

State

CA

Zip Code

94904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asian Art Museum

Occupation  
Museum Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5953214

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Hans Schmidt

Mailing Address 15 Jones St.  
#6G

City

New York

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5945970

Amount of Each Receipt this Period

220.00

**SUBTOTAL** of Receipts This Page (optional) .....

720.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Marjorie Schmiel

Mailing Address 700 John Ringling Blvd  
# 301

City State Zip Code  
Sarasota FL 34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5952545

Amount of Each Receipt this Period

217.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen F. Schneck

Mailing Address 9707 Hill St

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Catholic University Of America

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5959656

Amount of Each Receipt this Period

218.00

**C.**

Full Name (Last, First, Middle Initial)

Julian C. Schroeder

Mailing Address 215 W 92nd St  
Apt. 8A

City State Zip Code  
New York NY 10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Credit Renaissance Partners

Occupation  
Investment Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924031

Amount of Each Receipt this Period

20000.00

**SUBTOTAL** of Receipts This Page (optional) .....

20435.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ruth W. Schroeder

Mailing Address 215 W 92nd St  
Apt. 8A

City State Zip Code  
New York NY 10025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: C5924030

Amount of Each Receipt this Period

10000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert F. Schumann

Mailing Address P.O. Box 813

City State Zip Code  
Madison CT 64430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5948476

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

W. Ford Schumann

Mailing Address 9612 E Vereda Solana Dr

City State Zip Code  
Scottsdale AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5952572

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Mark Schutte

Mailing Address 11863 E 500 S

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ms. Technology LLC

Occupation

President/Owner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5954991

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Bernard L. Schwartz

Mailing Address 745 5th Avenue  
Floor 31

City

New York

State

NY

Zip Code

10151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLS Investment

Occupation

Chairman &amp; CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942127

Amount of Each Receipt this Period

30400.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth Sherry

Mailing Address 9690 Hyde Park Dr. Unit 18  
Unit 18

City

San Diego

State

CA

Zip Code

92119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5949732

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

31050.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Shorenstein

Mailing Address 2560 Divisadero St.

City

San Francisco

State

CA

Zip Code

94115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Shorenstein Company

Occupation

Chairman &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: C5924049

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

Walter H. Shorenstein

Mailing Address 235 Montgomery St.  
FL 16

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Shorenstein Company

Occupation

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C5942131

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Silver

Mailing Address 425 W Arlington Pl

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Residential Real Estate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	0	9

Transaction ID: C5969928

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

57250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Dinakar Singh

Mailing Address 135 Central Park W  
Apt. 8S

City State Zip Code  
New York NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TPG - Axon Capital

Occupation  
Investment Banker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942125

Amount of Each Receipt this Period

30400.00

**B.**

Full Name (Last, First, Middle Initial)

Gerhard Skutsch

Mailing Address 216 4th Ave.  
Apt. 6

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5965177

Amount of Each Receipt this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

M. B. Smith

Mailing Address 316 Escalona Dr

City State Zip Code  
Santa Cruz CA 95060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5949430

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

30835.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Arlene Solomon

Mailing Address 5501 E El Cedral St.

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: C5960925

Amount of Each Receipt this Period

450.00

**B.**

Full Name (Last, First, Middle Initial)

Star S. Soltan

Mailing Address P.O. Box 9791

City

Rancho Santa Fe

State

CA

Zip Code

92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: C5924016

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Hissam Soufi

Mailing Address P.O. Box 2267

City

Vacaville

State

CA

Zip Code

95696

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
State of California

Occupation  
Psychiatrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 0 9

Transaction ID: C5968554

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional) .....

30150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard C. Stazesky

Mailing Address 726 Loveville Rd

City

Hockessin

State

DE

Zip Code

19707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5945678

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Richard C. Stazesky

Mailing Address 726 Loveville Rd

City

Hockessin

State

DE

Zip Code

19707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5959929

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Frances L. Stewart

Mailing Address 2400 N Bell Ave  
# 41

City

Denton

State

TX

Zip Code

76209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: C5943316

Amount of Each Receipt this Period

208.00

**SUBTOTAL** of Receipts This Page (optional) .....

483.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Clinton F. Stimpson

Mailing Address 5626 Lakeshore Rd

City

Fort Gratiot

State

MI

Zip Code

48059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Material Control Inc

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947397

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Jon B. Streeter

Mailing Address 3125 Claremont Ave

City

Berkeley

State

CA

Zip Code

94705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Bar Association of San  
Francisco

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942145

Amount of Each Receipt this Period

28500.00

**C.**

Full Name (Last, First, Middle Initial)

Evan L. Stroud

Mailing Address 315 Rogers St

City

Decatur

State

MI

Zip Code

49045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5945579

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

30350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth A. Sutherland

Mailing Address 7777 N Foothill Dr S

City

Paradise Valley

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nextcare Urgent Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5968094

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Evelyn J. Swenson

Mailing Address 204 Walnut Ave N

City

Canby

State

MN

Zip Code

56220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5948371

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Roselyne C. Swig

Mailing Address 3710 Washington St

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Community Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924058

Amount of Each Receipt this Period

28500.00

**SUBTOTAL** of Receipts This Page (optional) .....

29300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 495

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Wahid A. Tadros

Mailing Address 1377 Via Di Salerno

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Engineering

Occupation  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: C5924039

Amount of Each Receipt this Period

28500.00

**B.**

Full Name (Last, First, Middle Initial)

John Tarasyn

Mailing Address 1106 SW Webster Ave

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5963484

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Lore Tenckhoff

Mailing Address 4528 E Laurel Dr NE

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5947263

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

29800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn Thommen

Mailing Address P.O. Box 1864

City

Sag Harbor

State

NY

Zip Code

11963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jewish Museum

Occupation  
Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5956836

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Homer Thrall

Mailing Address 281 W 8th St

City

Marysville

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950279

Amount of Each Receipt this Period

207.00

**C.**

Full Name (Last, First, Middle Initial)

Lorraine D. Tillrock

Mailing Address 10412 S Artesian Ave

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5953136

Amount of Each Receipt this Period

205.00

**SUBTOTAL** of Receipts This Page (optional) .....

662.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Juanita M. Timbreza

Mailing Address 59738 Kamehameha Hwy.

City

Haleiwa

State

HI

Zip Code

96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5955710

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph W. Tripp

Mailing Address 516 Patterson St.

City

Nashville

State

TN

Zip Code

37211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5951302

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Joan L. Tweedy

Mailing Address 34 Pasture Ln

City

Darien

State

CT

Zip Code

68205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5963594

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Alvin Von Auw

Mailing Address 73 Pearl St

City

Middletown

State

CT

Zip Code

64573

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5963657

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Walter

Mailing Address 1705 Millwright Ct.

City

Raleigh

State

NC

Zip Code

27614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: C5968478

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James Waugh

Mailing Address 19 Driftwood Ln

City

Scarborough

State

ME

Zip Code

40748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5946564

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben Wessels

Mailing Address 16 Linden Hill Dr.

City

Crescent Springs

State

KY

Zip Code

41017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Builder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5966948

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Lyndell Wheeler

Mailing Address 246 CAYUGA DRIVE

City

CADIZ

State

KY

Zip Code

42211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5971387

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Whittington

Mailing Address 3933 Mimosa St.

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: C5965938

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Hays H. William

Mailing Address 55 S Flower St

City

Lakewood

State

CO

Zip Code

80226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: C5952367

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

A. B. Wolfgang

Mailing Address 96 Hope Valley Rd

City

Amston

State

CT

Zip Code

62311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Potter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942623

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Earl K. Wood

Mailing Address 1705 Canton St

City

Orlando

State

FL

Zip Code

32803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orange County Florida

Occupation  
Tax Collector

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5946777

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Srilata A. Zaheer

Mailing Address 16617 Black Oaks Ln

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Minnesota

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: C5958707

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dzevad Zulic

Mailing Address 1359 Reeve St. Apt. 6

City

Santa Clara

State

CA

Zip Code

95050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Walmart.Com

Occupation  
Office Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5950853

Amount of Each Receipt this Period

450.00

**C.**

Full Name (Last, First, Middle Initial)

R & S Associates Family LLC

Mailing Address 333 Pine Street  
Suite 204

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: C5942100

Amount of Each Receipt this Period

4650.00

LLC - Members below if it-  
emized. Permissible funds.

**SUBTOTAL** of Receipts This Page (optional) .....

5400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 495

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Christine H. Russell

Mailing Address 333 Pine Street  
Suite 204

City	State	Zip Code
San Francisco	CA	94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R & S Associates Family  
LLCOccupation  
Partner

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	9	

Transaction ID: C5923303

Amount of Each Receipt this Period

4650.00

**[MEMO ITEM]**

\*

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

1263613.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☒ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

American Academy of Dermatologists Association PAC

Mailing Address 1350 I St NW  
Suite 870

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00359539

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5924056

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

American Association for Justice Political Action Committee

Mailing Address 1050 31st St NW

City State Zip Code  
Washington DC 20007

FEC ID number of contributing  
federal political committee.

**C** C00024521

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942115

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

American Council of Life Insurers PAC

Mailing Address 101 Constitution Ave NW  
Suite 700

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C** C00147066

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942113

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 272 / 495

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

American Crystal Sugar PAC

Mailing Address 101 3rd St N

City

Moorhead

State

MN

Zip Code

56560

FEC ID number of contributing  
federal political committee.**C** C00110338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

Transaction ID: C5924045

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

American Federation of State County &amp; Municipal Employees - PEOPLE

Mailing Address 1625 L St NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.**C** C00011114

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: C5942104

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

American Medical Association PAC

Mailing Address 25 Massachusetts Ave NW  
Suite 600

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00000422

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Transaction ID: C5942096

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 495

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

AmeriPAC: The Fund for a Greater America

Mailing Address 1850 K St NW  
Suite 850

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00271338

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942158

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

AT&T Federal

Mailing Address 1401 I St NW  
Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5942105

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

BAE Systems USA PAC (BAE Systems North Amer Inc. PAC)

Mailing Address 1300 17th St N  
Suite 1400

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00281212

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942153

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 495

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Blank Rome LLP PAC

Mailing Address 600 New Hampshire Ave NW

City

Washington

State

DC

Zip Code

20037

FEC ID number of contributing  
federal political committee.

**C** C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942120

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Blue Shield of California PAC

Mailing Address 50 Beale Street  
18-105

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

**C** C00340364

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942121

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Burlington Northern RAILPAC

Mailing Address P.O. Box 961039

City

Fort Worth

State

TX

Zip Code

76161

FEC ID number of contributing  
federal political committee.

**C** C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5942108

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 275 / 495

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Citizens for Altmire

Mailing Address P.O. Box 1776

City

Freedom

State

PA

Zip Code

15042

FEC ID number of contributing  
federal political committee.

**C** C00413310

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5924053

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Courtney for Congress

Mailing Address P.O. Box 1372

City

Vernon

State

CT

Zip Code

06065

FEC ID number of contributing  
federal political committee.

**C** C00410233

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: C5924022

Amount of Each Receipt this Period

10000.00

**C.**

Full Name (Last, First, Middle Initial)

Credit Union Legislative Action Council of CUNA

Mailing Address P.O. Box 576

City

Washington

State

DC

Zip Code

20044

FEC ID number of contributing  
federal political committee.

**C** C00007880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924068

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

30000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**Full Name (Last, First, Middle Initial)  
Drive Educational and Legislative Fund

Mailing Address 25 Louisiana Ave NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing  
federal political committee.**C** C00032979

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	4	/	2	0	0	9

Transaction ID: C5924050

Amount of Each Receipt this Period

15000.00

**B.**Full Name (Last, First, Middle Initial)  
Employees of Northrop Grumman Corp PAC (ENGPAC)Mailing Address 1000 Wilson Blvd  
Suite 2300

City	State	Zip Code
Arlington	VA	22209

FEC ID number of contributing  
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	0	9

Transaction ID: C5942106

Amount of Each Receipt this Period

15000.00

**C.**Full Name (Last, First, Middle Initial)  
Herbalife International Political Action Committee

Mailing Address 1800 Century Park East

City	State	Zip Code
Los Angeles	CA	90067

FEC ID number of contributing  
federal political committee.**C** C00393298

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Transaction ID: C5942154

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional) .....

40000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

IBEW - COPE

Mailing Address 900 7th St NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00027342

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5924051

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Independent Community Bankers PAC

Mailing Address 1615 L St NW  
Suite 900

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: C5924047

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Independent Insurance Agents of America Inc. PAC

Mailing Address 412 1st St SE  
Suite 300

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924059

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC

Mailing Address 1401 H St NW  
# 1200

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00366310

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924060

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)  
JBDS Federal PAC

Mailing Address 633 3rd Avenue  
16th Floor

City State Zip Code  
New York NY 10017

FEC ID number of contributing  
federal political committee.

**C** C00409086

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2771.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942107

Amount of Each Receipt this Period

2771.71

**C.**

Full Name (Last, First, Middle Initial)  
K&L Gates LLP PAC

Mailing Address 1601 K Street NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00213173

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942119

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

32771.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Medco Health PAC

Mailing Address 591 Redwood Hwy. #4000  
MAIL STOP E3-13

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing  
federal political committee.

**C** C00384362

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942134

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Microsoft Corporation PAC

Mailing Address 16011 NE 36th Way  
# 97017

City State Zip Code  
Redmond WA 98052

FEC ID number of contributing  
federal political committee.

**C** C00227546

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5924057

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

National Association of Health Underwriters PAC

Mailing Address 2000 14th St N  
Suite 450

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing  
federal political committee.

**C** C00283135

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: C5942109

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

40000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 495

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

National Committee to Preserve Social Security and Medicare Federal PAC

Mailing Address 10 G St NE  
Suite 600City State Zip Code  
Washington DC 20002FEC ID number of contributing  
federal political committee.**C** C00172296

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: C5942097

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

National Venture Capital Association PAC

Mailing Address 1655 Fort Myer Dr  
Suite 850City State Zip Code  
Arlington VA 22209FEC ID number of contributing  
federal political committee.**C** C00150367

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: C5924067

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

NEMPAC National Emergency Medicine PAC

Mailing Address P.O. Box 619911

City State Zip Code  
Dallas TX 75261FEC ID number of contributing  
federal political committee.**C** C00140061

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	9

Transaction ID: C5942094

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 495

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
New York Life Insurance Company PAC

Mailing Address 51 Madison Ave

City State Zip Code  
New York NY 10010

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924066

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)  
Norfolk Southern Corp. Good Govt Fund

Mailing Address 3 Commercial PI

City State Zip Code  
Norfolk VA 23510

FEC ID number of contributing  
federal political committee.

**C** C00009282

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942140

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)  
Office and Professional Employees International Union-Voice of the Electorate

Mailing Address 1660 L St NW  
Suite 801

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C** C00007898

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5942103

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 495

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Political Action Committee of the American Association of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Ave NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00343137

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5942101

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

Price Waterhouse Coopers PAC

Mailing Address 1301 K St NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5924055

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Progress Energy Employees' Federal PAC

Mailing Address P.O. Box 1510

City

Raleigh

State

NC

Zip Code

27602

FEC ID number of contributing  
federal political committee.**C** C00091884

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: C5942102

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 283 / 495

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Realtors PAC National Association of Realtors

Mailing Address 700 11th St NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: C5942095

Amount of Each Receipt this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)  
SEIU PAC

Mailing Address 1313 L St NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee. **C** C00004036

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942114

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)  
United Transportation Union PAC

Mailing Address 14600 Detroit Ave

City State Zip Code  
Cleveland OH 44107

FEC ID number of contributing  
federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924061

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Vanguard Committee For Responsible Government

Mailing Address 400 Devon Park Dr

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.**C** C00410266

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942132

Amount of Each Receipt this Period

15000.00

SUBTOTAL of Receipts This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

532771.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City State Zip Code  
Weston FL 33326

FEC ID number of contributing  
federal political committee. **C** C00385773

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: C5924037

Amount of Each Receipt this Period

50000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**B.**

Full Name (Last, First, Middle Initial)  
Larson for Congress

Mailing Address 29 Ruff Cir

City State Zip Code  
Glastonbury CT 60331

FEC ID number of contributing  
federal political committee. **C** C00330142

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: C5924052

Amount of Each Receipt this Period

50000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Congressman George Miller

Mailing Address 20 Park Rd  
Suite E

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing  
federal political committee. **C** C00026757

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: C5924054

Amount of Each Receipt this Period

100000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) .....

200000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Becerra For Congress

Mailing Address P.O. Box 261060

City

Los Angeles

State

CA

Zip Code

90026

FEC ID number of contributing  
federal political committee.

**C** C00264101

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924070

Amount of Each Receipt this Period

100000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**B.**

Full Name (Last, First, Middle Initial)

Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd  
Suite 1612

City

Los Angeles

State

CA

Zip Code

90048

FEC ID number of contributing  
federal political committee.

**C** C00013128

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: C5924069

Amount of Each Receipt this Period

100000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**C.**

Full Name (Last, First, Middle Initial)

Anna Eshoo for Congress

Mailing Address 555 Capitol Mall  
Suite 1425

City

Sacramento

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

**C** C00258475

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942137

Amount of Each Receipt this Period

50000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) .....

250000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Braley for Congress

Mailing Address P.O. Box 390

City

Waterloo

State

IA

Zip Code

50704

FEC ID number of contributing  
federal political committee.

**C** C00409441

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942149

Amount of Each Receipt this Period

75000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**B.**

Full Name (Last, First, Middle Initial)

Hoyer for Congress Committee

Mailing Address 7905 Malcolm Rd  
Suite 102

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

**C** C00140715

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942157

Amount of Each Receipt this Period

85000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**C.**

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address 5429 Madison Ave

City

Sacramento

State

CA

Zip Code

95841

FEC ID number of contributing  
federal political committee.

**C** C00326363

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942111

Amount of Each Receipt this Period

110000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**SUBTOTAL** of Receipts This Page (optional) .....

270000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy Pelosi for Congress

Mailing Address 235 Montgomery St  
Suite 610

City State Zip Code  
San Francisco CA 94104

FEC ID number of contributing  
federal political committee.

**C** C00213512

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: C5942116

Amount of Each Receipt this Period

100000.00

Unlimited Transfer from  
Principal Campaign Cmte.

**B.**

Full Name (Last, First, Middle Initial)

Beth Barefoot

Mailing Address 815 Maryland Ave NE  
Apt. 205

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA17-861027

Amount of Each Receipt this Period

220.00

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**C.**

Full Name (Last, First, Middle Initial)

Amanda Kohn

Mailing Address 7746 Wolford Way

City State Zip Code  
Lorton VA 22079

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA17-861025

Amount of Each Receipt this Period

250.00

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**SUBTOTAL** of Receipts This Page (optional) .....

100470.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Fenity

Mailing Address 2732 Ordway Street NW  
#6

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA17-861026

Amount of Each Receipt this Period

275.00

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**B.**

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City State Zip Code  
Hartford CT 06150-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

21543.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA17-861019

Amount of Each Receipt this Period

14507.92

Generic Cmte. List Rental

This payment reflects the  
usual and normal charge  
for rental of list(s).

**C.**

Full Name (Last, First, Middle Initial)

Lila Rose

Mailing Address 108 13th Street NW  
Apt. B

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA17-861028

Amount of Each Receipt this Period

500.00

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**SUBTOTAL** of Receipts This Page (optional) .....

15282.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City

Hartford

State

CT

Zip Code

06150-2189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

21543.93

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA17-861018

Amount of Each Receipt this Period

7036.01

Generic Cmte. List Rental

This payment reflects the  
usual and normal charge  
for rental of list(s).

**B.**

Full Name (Last, First, Middle Initial)

Political Development Group, Inc.

Mailing Address 499 South Capitol Street, SW  
Suite 114

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA17-861029

Amount of Each Receipt this Period

650.00

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**C.**

Full Name (Last, First, Middle Initial)

Pace Butler

Mailing Address 13915 N. Harvey Avenue

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

198.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA17-861024

Amount of Each Receipt this Period

198.50

Sale of Cmte Equipment

This payment reflects the  
fair market value paid to  
the committee by a third  
party vendor.

**SUBTOTAL** of Receipts This Page (optional) .....

7884.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1.17

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: SA17-861030

Amount of Each Receipt this Period

1.17

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

1.17

**TOTAL** This Period (last page this line number only) .....

843638.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 292 / 495

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Amanda Kohn

Mailing Address 7746 Wolford Way

City

Lorton

State

VA

Zip Code

22079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA15-861123

Amount of Each Receipt this Period

16.45

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)

Kristie Mark

Mailing Address 2226 Decatur Place, NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4.61

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA15-861037

Amount of Each Receipt this Period

4.61

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**C.**

Full Name (Last, First, Middle Initial)

Cmte to Elect Chris Murphy

Mailing Address P.O. Box 127

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing  
federal political committee.

C

C00411660

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

53.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA15-861022

Amount of Each Receipt this Period

53.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**SUBTOTAL** of Receipts This Page (optional) .....

74.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 495

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bret Wask

Mailing Address 224 Gretna Green Court

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA15-861023

Amount of Each Receipt this Period

9.76

REIMBURSEMENT Travel

This reimbursement reflects the actual cost incurred by the committee for this expense.

**B.**

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 30th Street Station

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10129.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA15-861021

Amount of Each Receipt this Period

6272.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**C.**

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 30th Street Station

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10129.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA15-861020

Amount of Each Receipt this Period

3857.00

REIMBURSEMENT Postage

This reimbursement reflects the actual cost incurred by the committee for this expense.

**SUBTOTAL** of Receipts This Page (optional) .....

10138.76

**TOTAL** This Period (last page this line number only) .....

10212.82

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 294 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860877

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Disbursement this Period

2031.35

**B.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Disbursement this Period

1039.99

**C.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) .....

3096.34

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 295 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860952

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860953

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

460.95

**C.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860959

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	9

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) .....

490.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 296 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860163

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.50

**B.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860960

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.45

**C.**

Full Name (Last, First, Middle Initial)

Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1.98

**SUBTOTAL** of Disbursements This Page (optional) .....

90.93

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Action Mailers, Inc.

Mailing Address 90 Commerce Drive

City  
Aston

State  
PA

Zip Code  
19014

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860056

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

37000.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860883

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

210.72

**C.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860884

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

115.69

**SUBTOTAL** of Disbursements This Page (optional) .....

37326.41

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860885

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

38.07

B.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860879

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

2497.29

C.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860880

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

348.50

SUBTOTAL of Disbursements This Page (optional) .....

2883.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 299 / 495

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860881

Date of Disbursement

/   /

Amount of Each Disbursement this Period

256.42

B.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860882

Date of Disbursement

/   /

Amount of Each Disbursement this Period

251.72

C.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860926

Date of Disbursement

/   /

Amount of Each Disbursement this Period

73.86

**SUBTOTAL** of Disbursements This Page (optional) .....

582.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 300 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860957

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Pacific Parking Services, Inc.

Mailing Address 2404 Plyers Mill Road

City  
Silver Spring

State  
MD

Zip Code  
20902

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860057

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

570.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860954

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

381.60

**SUBTOTAL** of Disbursements This Page (optional) .....

971.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 301 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860955

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

21.10

B.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860961

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

20.00

C.

Full Name (Last, First, Middle Initial)

CHS Mailing, Inc.

Mailing Address 12006 Old Baltimore Pike

City  
Beltsville

State  
MD

Zip Code  
20705

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860158

Date of Disbursement

01 / 06 / 2009

Amount of Each Disbursement this Period

2373.00

SUBTOTAL of Disbursements This Page (optional) .....

2414.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Print Mail Communications	<b>Transaction ID:</b> SB21B-860159 <b>Date of Disbursement</b>																				
Mailing Address 7201 Lockport Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Postage/Delivery Candidate Name	<table border="1"> <tr> <td colspan="10">43.68</td> </tr> </table>	43.68																			
43.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Print Mail Communications	<b>Transaction ID:</b> SB21B-860160 <b>Date of Disbursement</b>																				
Mailing Address 7201 Lockport Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	6		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Postage/Delivery Candidate Name	<table border="1"> <tr> <td colspan="10">487.91</td> </tr> </table>	487.91																			
487.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-860373 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Delivery Expense Candidate Name	<table border="1"> <tr> <td colspan="10">37.23</td> </tr> </table>	37.23																			
37.23																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**568.82**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-860374 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Delivery Expense	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>209.87</td> </tr> </table>																				209.87
									209.87												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-860375 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Delivery Expense	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>82.67</td> </tr> </table>																				82.67
									82.67												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) United Parcel Service	<b>Transaction ID:</b> SB21B-860376 <b>Date of Disbursement</b>																				
Mailing Address PO Box 7247-0244	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	7		2	0	0	9												
City Philadelphia State PA Zip Code 19170-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Processing Fees	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>15.23</td> </tr> </table>																				15.23
									15.23												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**307.77**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 304 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Congressional Quarterly Inc.

Mailing Address 1255 22nd Street NW

City  
Washington

State  
DC

Zip Code  
20077

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860377

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

7629.75

B.

Full Name (Last, First, Middle Initial)

Southwest Distribution, Inc.

Mailing Address PO Box 70244

City  
Washington

State  
DC

Zip Code  
20024

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860378

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

908.44

C.

Full Name (Last, First, Middle Initial)

Bulletin News Circulation Department

Mailing Address 11190 Sunrise Valley Drive  
Suite 130

City  
Reston

State  
VA

Zip Code  
20191

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860379

Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

4995.00

SUBTOTAL of Disbursements This Page (optional) .....

13533.19

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Jakuta

Mailing Address 2022 Englewood Avenue

City Durham State NC Zip Code 27705

Purpose of Disbursement  
Generic Cmte. OnLine Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860400

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City Somerville State MA Zip Code 02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860401

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

56.36

**C.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City Somerville State MA Zip Code 02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860402

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

56.36

**SUBTOTAL** of Disbursements This Page (optional) .....

152.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860403

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.36

**B.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860404

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.36

**C.**

Full Name (Last, First, Middle Initial)

Keynote Systems, Inc. -Lockbox

Mailing Address Dept. 33407  
P.O. Box 39000

City  
San Francisco

State  
CA

Zip Code  
94139-3407

Purpose of Disbursement  
Internet Development

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860405

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.18

**SUBTOTAL** of Disbursements This Page (optional) .....

164.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 307 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Premiere Political Communications, LLC

Mailing Address 4616 Fessenden Street, NW

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860406

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4328.00

**B.**

Full Name (Last, First, Middle Initial)

All Stage & Sound Inc.

Mailing Address 21500 Laytonsville Road

City  
Laytonsville

State  
MD

Zip Code  
20882

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860407

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3491.75

**C.**

Full Name (Last, First, Middle Initial)

AT & T

Mailing Address P.O. Box 13148

City  
Newark

State  
NJ

Zip Code  
07101-5648

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3032.54

**SUBTOTAL** of Disbursements This Page (optional) .....

10852.29

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 308 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

AT &amp; T

Mailing Address P.O. Box 13148

City  
NewarkState  
NJZip Code  
07101-5648Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860409

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Amount of Each Disbursement this Period

3032.54

**B.**

Full Name (Last, First, Middle Initial)

AVF Consulting, Inc.

Mailing Address 1220-C Joppa Road  
Suite 514City  
BaltimoreState  
MDZip Code  
21286Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860410

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Amount of Each Disbursement this Period

82.50

**C.**

Full Name (Last, First, Middle Initial)

Lauren Dikis

Mailing Address 3602 1/2 13th Street, NW

City  
WashingtonState  
DCZip Code  
20010Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860411

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	9

Amount of Each Disbursement this Period

79.98

SUBTOTAL of Disbursements This Page (optional) .....

3195.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 309 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) DrinkMore Delivery, Inc.	<b>Transaction ID:</b> SB21B-860412 <b>Date of Disbursement</b>																				
Mailing Address 7595 A-Rickenbacker Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Gaithersburg State MD Zip Code 20879 Purpose of Disbursement Equipment Rental/Maintenance Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>12.69</td> </tr> </table>	12.69																			
12.69																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) Matthew Dungan-Abney	<b>Transaction ID:</b> SB21B-860413 <b>Date of Disbursement</b>																				
Mailing Address 9512 Ament Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Silver Spring State MD Zip Code 20910 Purpose of Disbursement Travel Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>48.30</td> </tr> </table>	48.30																			
48.30																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	002 Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) Diana Fassbender	<b>Transaction ID:</b> SB21B-860414 <b>Date of Disbursement</b>																				
Mailing Address 1629 Columbia Rd NW Apt 630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Washington State DC Zip Code 20009 Purpose of Disbursement Telephones Candidate Name	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00																			
80.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	001 Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

140.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 310 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-7461

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860415

Date of Disbursement

/   /

Amount of Each Disbursement this Period

65.99

B.

Full Name (Last, First, Middle Initial)

Federal Express

Mailing Address PO Box 371461

City  
Pittsburgh

State  
PA

Zip Code  
15250-7461

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860416

Date of Disbursement

/   /

Amount of Each Disbursement this Period

23.30

C.

Full Name (Last, First, Middle Initial)

Jessica Forrester

Mailing Address 19958 Valley View Drive

City  
Topang

State  
CA

Zip Code  
90290

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860417

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.35

**SUBTOTAL** of Disbursements This Page (optional) .....

120.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 311 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Samantha Gross

Mailing Address 10605 Concord Street  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Generic Cmte. Fundraising Svcs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860418

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

6000.00

B.

Full Name (Last, First, Middle Initial)

JustinBradley

Mailing Address 1725 I Street, NW  
Suite 300

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Generic Cmte. Temporary Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860420

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

1876.25

C.

Full Name (Last, First, Middle Initial)

Melissa Kurek

Mailing Address 1741 U St NW Apt 1

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860421

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional) .....

7911.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 312 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Jason O'Malley

Mailing Address 7 Conestoga Road

City  
Lancaster

State  
PA

Zip Code  
17603

Purpose of Disbursement  
Generic Cmte. Fundraising Svcs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860422

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Eric Pilch

Mailing Address Darnell 617, Box 573203  
Georgetown University

City  
Washington

State  
DC

Zip Code  
20057

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860424

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

48.75

C.

Full Name (Last, First, Middle Initial)

Kelly Polce

Mailing Address 2129 12th Place NW

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860425

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

356.40

SUBTOTAL of Disbursements This Page (optional) .....

3405.15

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 313 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples Business Advantages

Mailing Address Dept DC  
PO Box 415256

City Boston State MA Zip Code 02241

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860426

Date of Disbursement

/   /

Amount of Each Disbursement this Period

714.79

**B.**

Full Name (Last, First, Middle Initial)

Staples Business Advantages

Mailing Address Dept DC  
PO Box 415256

City Boston State MA Zip Code 02241

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

166.16

**C.**

Full Name (Last, First, Middle Initial)

Staples Business Advantages

Mailing Address Dept DC  
PO Box 415256

City Boston State MA Zip Code 02241

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

119.92

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.87

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless	<b>Transaction ID:</b> SB21B-860429 <b>Date of Disbursement</b>																				
Mailing Address PO Box 25505	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Lehigh Valley State PA Zip Code 18002-5505	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Wireless Service Candidate Name	<table border="1"> <tr> <td colspan="10">3523.97</td> </tr> </table>	3523.97																			
3523.97																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bret Wask	<b>Transaction ID:</b> SB21B-860431 <b>Date of Disbursement</b>																				
Mailing Address 224 Gretna Green Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Alexandria State VA Zip Code 22304	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Telephones Candidate Name	<table border="1"> <tr> <td colspan="10">196.98</td> </tr> </table>	196.98																			
196.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Pitney Bowes, Inc.	<b>Transaction ID:</b> SB21B-860573 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 856390	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Louisville State KY Zip Code 40285-6390	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Postage/Delivery Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**8720.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 315 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860494

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

13143.21

**B.**

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860493

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

2448.00

**C.**

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860495

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

152.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15743.21

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing	<b>Transaction ID:</b> SB21B-860496 <b>Date of Disbursement</b>																				
Mailing Address 11411 Red Run Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Owings Mills State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">672.00</td> </tr> </table>	672.00																			
672.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Johanna Berkson	<b>Transaction ID:</b> SB21B-860476 <b>Date of Disbursement</b>																				
Mailing Address 7620 Old Georgetown Rd #513	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Bethesda State MD Zip Code 20814	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">3474.00</td> </tr> </table>	3474.00																			
3474.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Brian L Wolff	<b>Transaction ID:</b> SB21B-860477 <b>Date of Disbursement</b>																				
Mailing Address 1443 Q Street, SW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	8		2	0	0	9												
City Washington State DC Zip Code 20009	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">11908.79</td> </tr> </table>	11908.79																			
11908.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

16054.79

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 317 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Adam Goldberg

Mailing Address 8504 16th Street, Apt. 201

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860478

Date of Disbursement

01 / 08 / 2009

Amount of Each Disbursement this Period

3474.00

**B.**

Full Name (Last, First, Middle Initial)

Hillary Clinton for President

Mailing Address 1825 K Street NW #1000

City Washington State DC Zip Code 20006

Purpose of Disbursement

Internet Development

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860459

Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

274297.45

**C.**

Full Name (Last, First, Middle Initial)

Action Mailers, Inc.

Mailing Address 90 Commerce Drive

City Aston State PA Zip Code 19014

Purpose of Disbursement

Generic Cmte. Postage/Delivery

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860461

Date of Disbursement

01 / 09 / 2009

Amount of Each Disbursement this Period

144300.75

**SUBTOTAL** of Disbursements This Page (optional) ►

422072.20

**TOTAL** This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Emily Sokolski

Mailing Address 4123 Arkansas Ave., NW

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860469

Date of Disbursement

/   /

Amount of Each Disbursement this Period

324.00

**B.**

Full Name (Last, First, Middle Initial)

Dell Business Credit

Mailing Address Payment Processing Center  
PO Box 5275

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2.30

**C.**

Full Name (Last, First, Middle Initial)

Dell Business Credit

Mailing Address Payment Processing Center  
PO Box 5275

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

169.73

**SUBTOTAL** of Disbursements This Page (optional) .....

496.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 319 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City Sterling State VA Zip Code 20166-6501

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860483

Date of Disbursement

/   /

Amount of Each Disbursement this Period

589.36

**B.** Full Name (Last, First, Middle Initial)  
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City Sterling State VA Zip Code 20166-6501

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.26

**C.** Full Name (Last, First, Middle Initial)  
Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City Sterling State VA Zip Code 20166-6501

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

322.94

**SUBTOTAL** of Disbursements This Page (optional) .....

963.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 320 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860488

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.10

**B.**

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860489

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.08

**C.**

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.06

**SUBTOTAL** of Disbursements This Page (optional) .....

98.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Commonwealth Digital Office Solutions

Mailing Address 21205 Ridgetop Circle

City  
Sterling

State  
VA

Zip Code  
20166-6501

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

30.24

**B.**

Full Name (Last, First, Middle Initial)

DC Treasurer

Mailing Address PO Box 679  
Ben Franklin Station

City  
Washington

State  
DC

Zip Code  
20044

Purpose of Disbursement  
Use Tax

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

317.02

**C.**

Full Name (Last, First, Middle Initial)

Greenline Data, Inc.

Mailing Address 40 W. Conchran Street  
Suite 212

City  
Simi Valley

State  
CA

Zip Code  
93065

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

358.00

**SUBTOTAL** of Disbursements This Page (optional) .....

705.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 322 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Greenline Data, Inc.

Mailing Address 40 W. Conchran Street  
Suite 212

City State Zip Code  
Simi Valley CA 93065

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

341.26

**B.**

Full Name (Last, First, Middle Initial)

Robin Lyttle

Mailing Address PO Box 301

City State Zip Code  
Basye VA 22810

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19899.75

**C.**

Full Name (Last, First, Middle Initial)

Bon Jovi Tours, Inc.

Mailing Address c/o Gudvi Sussman & Oppenheim  
1222 16th Avenue S., 3rd Floor

City State Zip Code  
Nashville TN 37212

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8853.77

**SUBTOTAL** of Disbursements This Page (optional) .....

29094.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 323 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Print Mail Communications	<b>Transaction ID:</b> SB21B-860504 <b>Date of Disbursement</b>																				
Mailing Address 7201 Lockport Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Lorton State VA Zip Code 22079	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Postage/Delivery Candidate Name	<table border="1"> <tr> <td>281.18</td> </tr> </table>	281.18																			
281.18																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America, NA	<b>Transaction ID:</b> SB21B-860956 <b>Date of Disbursement</b>																				
Mailing Address 730 15th Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Bank Fees Candidate Name	<table border="1"> <tr> <td>2435.21</td> </tr> </table>	2435.21																			
2435.21																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) William Morris Agency, LLC	<b>Transaction ID:</b> SB21B-860505 <b>Date of Disbursement</b>																				
Mailing Address One William Morris Place	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City Beverly Hills State CA Zip Code 90212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Generic Cmte. Events/Meetings Candidate Name	<table border="1"> <tr> <td>10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

12716.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860962

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

16.38

B.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
Generic Cmte. List Exchange

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860529

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

80.27

C.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
Generic Cmte. List Exchange

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860530

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

80.00

SUBTOTAL of Disbursements This Page (optional) .....

176.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860531

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1899.55

B.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860532

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2017.05

C.

Full Name (Last, First, Middle Initial)

Avalanche Services

Mailing Address 515-B Industrial Blvd

City  
Kearneysville

State  
WV

Zip Code  
25430

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860533

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

552.50

SUBTOTAL of Disbursements This Page (optional) .....

4469.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Avalanche Services

Mailing Address 515-B Industrial Blvd

City State Zip Code  
Kearneysville WV 25430

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860534

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.00

**B.**

Full Name (Last, First, Middle Initial)

Emily Sokolski

Mailing Address 4123 Arkansas Ave., NW

City State Zip Code  
Washington DC 20011

Purpose of Disbursement  
Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

216.00

**C.**

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address 1949 Green Street #2

City State Zip Code  
San Francisco CA 94123

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

624.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1415.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 327 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address 1949 Green Street #2

City  
San FranciscoState  
CAZip Code  
94123Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860522

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

ASAP Printing and Graphics

Mailing Address 2805 Mount Vernon Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

147.00

**C.**

Full Name (Last, First, Middle Initial)

Government News Network GovNet

Mailing Address P.O. Box 2041

City  
TrentonState  
NJZip Code  
08607Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860524

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

872.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lexis-Nexis

Mailing Address PO Box 7247-7090

City  
Philadelphia

State  
PA

Zip Code  
19170-7090

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860525

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

4111.77

**B.**

Full Name (Last, First, Middle Initial)

Quick Messenger Service of DC, Inc.

Mailing Address 4829 Fairmont Avenue  
Suite B

City  
Bethesda

State  
MD

Zip Code  
20814-6096

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860526

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

106.08

**C.**

Full Name (Last, First, Middle Initial)

Laura D'Andrea Tyson

Mailing Address 2015 Los Angeles Avenue

City  
Berkley

State  
CA

Zip Code  
94707

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860528

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

272.90

**SUBTOTAL** of Disbursements This Page (optional) .....

4490.75

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 329 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860535

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1557.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Continental

Mailing Address 1600 Smith Street

City  
Houston

State  
TX

Zip Code  
77002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860535-10000

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

679.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

American Air

Mailing Address 4333 Amon Carter Boulevard

City  
Fort Worth

State  
TX

Zip Code  
74063

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860535-20000

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

439.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

1557.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 330 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

American Air

Mailing Address 4333 Amon Carter Boulevard

City State Zip Code  
Fort Worth TX 74063

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860535-30000

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

439.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City State Zip Code  
Phoenix AZ 85072-3155

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860536

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

19.95

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Newslibrary.com

Mailing Address 397 Main Street

City State Zip Code  
Chester VT 05143

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860536-10000

Date of Disbursement

12 / 09 / 2008

Amount of Each Disbursement this Period

19.95

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

19.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 331 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860537

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

29.00

See Attached Memo Entry

B.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860537-10000

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

29.00

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860538

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

6443.38

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

6472.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Tortilla Coast

Mailing Address 400 1st Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860538-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

34.28

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Sonoma

Mailing Address 223 Penn Ave, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860538-20000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

79.30

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Hyatt Regency Washington

Mailing Address 400 New Jersey Avenue N.W.

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860538-30000

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

6289.80

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 333 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Pizza Boli's

Mailing Address 417 8th Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860538-40000

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860539

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

523.37

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Personnel Concepts

Mailing Address P.O. Box 9003

City  
San Dimas

State  
CA

Zip Code  
91761

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860539-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

129.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

523.37

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples Direct

Mailing Address 500 Staples Drive

City State Zip Code  
Framingham MA 01702

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860539-20000

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

93.79

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Buy Buy Baby

Mailing Address 1683 Rockville Pike

City State Zip Code  
Rockville MD 20852

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860539-30000

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

176.88

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

TC (Gneil)

Mailing Address P.O. Box 451179

City State Zip Code  
Sunrise FL 33325

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860539-40000

Date of Disbursement

12 / 23 / 2008

Amount of Each Disbursement this Period

123.70

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860540

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

100.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Washington Metro

Mailing Address 1st and D Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860540-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

100.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Committee Moving Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860542

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1345.00

MEMO ATTACHED

**SUBTOTAL** of Disbursements This Page (optional) .....

1445.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860543

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

336.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

USPS

Mailing Address Longworth House Office Buildin

City  
Washington

State  
DC

Zip Code  
20515

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860543-10000

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

336.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860544

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

51.28

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

387.28

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 337 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Chick-Fil-A

Mailing Address 4238 Wilson Boulevard

City State Zip Code  
Arlington VA 22203

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860544-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

51.28

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City State Zip Code  
Phoenix AZ 85072-3155

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860545

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

37.95

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address 1200 Walnut Hill Lane Suite 20

City State Zip Code  
Irving TX 75038

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860545-10000

Date of Disbursement

12 / 26 / 2008

Amount of Each Disbursement this Period

37.95

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

37.95

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 338 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
PhoenixState  
AZZip Code  
85072-3155Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860546

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

547.33

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Hertz Rent-A-Car

Mailing Address 9000 Airport Boulevard

City  
Los AngelesState  
CAZip Code  
90045Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860546-10000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	8

Amount of Each Disbursement this Period

547.33

[MEMO ITEM]

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
PhoenixState  
AZZip Code  
85072-3155Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

0.32

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

547.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 339 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860547-10000

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

0.32

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860548

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

472.68

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

BJ's Wholesale

Mailing Address 101 South Van Dorn Street

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860548-10000

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

472.68

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

472.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 340 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860549

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

150.75

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Exxonmobil

Mailing Address 9336 Georgia Avenue

City  
Silver Spring

State  
MD

Zip Code  
20910

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860549-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

22.72

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 10625 Connecticut Avenue

City  
Kensington

State  
MD

Zip Code  
20895

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860549-20000

Date of Disbursement

12 / 09 / 2008

Amount of Each Disbursement this Period

22.31

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

150.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 341 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Exxonmobil

Mailing Address 339 Pennsylvania Avenue SE

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860549-30000

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

24.64

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Splash Car Wash

Mailing Address 10 I Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860549-40000

Date of Disbursement

12 / 15 / 2008

Amount of Each Disbursement this Period

19.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Exxonmobil

Mailing Address 9331 Georgia Avenue

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860549-50000

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

26.81

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 342 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Exxonmobil

Mailing Address 339 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860549-60000

Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

7.30

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Exxonmobil

Mailing Address 339 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860549-70000

Date of Disbursement

01 / 02 / 2009

Amount of Each Disbursement this Period

27.97

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860550

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

7.00

See Attached Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

7.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 343 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

The Decatur Daily

Mailing Address 201 First Ave. SE.

City  
DecaturState  
ALZip Code  
35609Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860550-10000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	8

Amount of Each Disbursement this Period

7.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
PhoenixState  
AZZip Code  
85072-3155Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

1809.82

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Alamo Rent-A-Car

Mailing Address 4600 International Gateway

City  
ColumbusState  
OHZip Code  
43219Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551-10000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	8	/	2	0	0	8

Amount of Each Disbursement this Period

55.00

**[MEMO ITEM]**

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

1809.82

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 344 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bistro Byronz

Mailing Address 6104 Line Avenue

City  
Shreveport

State  
LA

Zip Code  
71106

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-20000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

17.72

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Chevron

Mailing Address 3790 Industrial Drive

City  
Shreveport

State  
LA

Zip Code  
71109

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-30000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

18.39

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Chili's Grill

Mailing Address 3025 East Texas Street

City  
Bossier City

State  
LA

Zip Code  
71111

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-40000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

26.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 345 / 495

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dollar Rac	<b>Transaction ID:</b> SB21B-860551-50000 <b>Date of Disbursement</b>
Mailing Address 4600 International Gateway	<div> <div>12</div> <div>08</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>434.64</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Friday's	<b>Transaction ID:</b> SB21B-860551-60000 <b>Date of Disbursement</b>
Mailing Address 3200 East Airfield Drive	<div> <div>12</div> <div>08</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75261	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>19.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Hilton Restaurant	<b>Transaction ID:</b> SB21B-860551-70000 <b>Date of Disbursement</b>
Mailing Address 104 Market Street	<div> <div>12</div> <div>08</div> <div>2008</div> </div>
City Shreveport State LA Zip Code 71101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>45.61</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 346 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Hotwire

Mailing Address 655 Montgomery Street

City  
San Francisco

State  
CA

Zip Code  
94111

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551-80000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

253.92

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Quiznos

Mailing Address 88 East Broad Street # D

City  
Columbus

State  
OH

Zip Code  
43219

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551-90000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

12.56

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

The Blind Tiger

Mailing Address 120 Texas Street

City  
Shreveport

State  
LA

Zip Code  
71101

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551-100000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

11.05

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 347 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Air	<b>Transaction ID:</b> SB21B-860551-110000 <b>Date of Disbursement</b>																				
Mailing Address 11711 East Pine Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	8												
City Tulsa State OK Zip Code 74116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>	20.00																			
20.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>B.</b> Full Name (Last, First, Middle Initial) Budget Rent A Car	<b>Transaction ID:</b> SB21B-860551-120000 <b>Date of Disbursement</b>																				
Mailing Address 5225 Monkhouse Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	8												
City Shreveport State LA Zip Code 71109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">102.92</td> </tr> </table>	102.92																			
102.92																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				
<b>C.</b> Full Name (Last, First, Middle Initial) High Beck Tavern	<b>Transaction ID:</b> SB21B-860551-130000 <b>Date of Disbursement</b>																				
Mailing Address 564 South High Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	9		2	0	0	8												
City Columbus State OH Zip Code 43215	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Travel	<table border="1"> <tr> <td colspan="10">41.40</td> </tr> </table>	41.40																			
41.40																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry																				

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 348 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Alamo Rent-A-Car	<b>Transaction ID:</b> SB21B-860551-140000 <b>Date of Disbursement</b>
Mailing Address 4600 International Gateway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>55.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Huntington Center Parking	<b>Transaction ID:</b> SB21B-860551-150000 <b>Date of Disbursement</b>
Mailing Address 41 South High Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>3.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Huntington Center Parking	<b>Transaction ID:</b> SB21B-860551-160000 <b>Date of Disbursement</b>
Mailing Address 41 South High Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>15.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 349 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Katzinger's

Mailing Address 475 South 3rd Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-170000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

28.53

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 50 North 3rd Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-180000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

109.14

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 50 North 3rd Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-190000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

23.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 350 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Southwestair

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-200000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

161.50

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

BP

Mailing Address 2900 Medina Road

City Medina State OH Zip Code 44256

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-210000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

17.87

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Huntington Center Parking

Mailing Address 41 South High Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-220000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 351 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Old Angle Tavern

Mailing Address 1848 West 25th Street

City Cleveland State OH Zip Code 44113

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-230000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

40.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Sheetz

Mailing Address Route 30 & State Road 1013

City Breezewood State PA Zip Code 15533

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-240000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

22.72

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Dollar Rac

Mailing Address 4600 International Gateway

City Columbus State OH Zip Code 43219

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860551-250000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

223.15

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 352 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Pmi BWI Longterm A Lot

Mailing Address 649 Saint Paul Street

City Baltimore State MD Zip Code 21240

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860551-260000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

179.00

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address 7408 Baltimore Annapolis Blvd

City Baltimore State MD Zip Code 21240

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860551-270000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

10.25

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Southwestair

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860551-280000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

-161.50

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 353 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Doubletree Hotels

Mailing Address 50 South Front Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860551-290000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	8

Amount of Each Disbursement this Period

9.95

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860553

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

29.00

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860553-10000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

29.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 354 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860554

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

119.10

See Attached Memo Entry

B.

Full Name (Last, First, Middle Initial)

Timberlake's Restaurant

Mailing Address 1726 Connecticut Ave NW # 200

City  
Washington

State  
DC

Zip Code  
20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860554-10000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

30.25

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Stoney's

Mailing Address 1433 P St. NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860554-20000

Date of Disbursement

12 / 13 / 2008

Amount of Each Disbursement this Period

88.85

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

119.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 355 / 495

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860556

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.85

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860556-10000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.85

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860556-20000

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

33.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 356 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860557

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

206.79

See Attached Memo Entry

B.

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 80 West Red Oak Lane

City  
White Plains

State  
NY

Zip Code  
10604

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860557-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

10.68

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 80 West Red Oak Lane

City  
White Plains

State  
NY

Zip Code  
10604

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860557-20000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

10.68

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

206.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 357 / 495

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

WPPA-White Plains Center

Mailing Address 11 Ferris Avenue

City State Zip Code  
 White Plains NY 10601

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860557-30000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

1.50

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Applebee's

Mailing Address 42 Westchester Avenue

City State Zip Code  
 Port Chester NY 10573

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860557-40000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

23.83

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Burger King

Mailing Address NJ Turnpike Mile Post 92.9 Sou

City State Zip Code  
 Woodbridge NJ 07095

Purpose of Disbursement  
 Travel

Candidate Name

002  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860557-50000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

8.98

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 358 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Citgo

Mailing Address 2420 New York Avenue

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860557-60000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

8.58

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Priceline.Com

Mailing Address 800 Connecticut Avenue

City  
Norwalk

State  
CT

Zip Code  
06854

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860557-70000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

119.54

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address NJ Turnpike Mile Post 30.2 Sou

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860557-80000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

23.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 359 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
PhoenixState  
AZZip Code  
85072-3155Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860558

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

29.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City  
CharlotteState  
NCZip Code  
28202Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860558-10000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
PhoenixState  
AZZip Code  
85072-3155Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

19.95

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

48.95

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 360 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Newslibrary.Com

Mailing Address 397 Main Street

City  
Chester

State  
VT

Zip Code  
05143

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860559-10000

Date of Disbursement

12 / 09 / 2008

Amount of Each Disbursement this Period

19.95

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860560

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

564.65

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)

BP Mart

Mailing Address 5626 Highway 20

City  
Cartersville

State  
GA

Zip Code  
30120

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860560-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

17.60

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

564.65

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 361 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address 2181 Old Fort Parkway

City State Zip Code  
Murfreesboro TN 37129

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860560-20000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

22.78

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

Hertz Rent-A-Car

Mailing Address 1920 Auto Port Drive

City State Zip Code  
Atlanta GA 30303

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860560-30000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

224.40

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Omni Hotel

Mailing Address 100 CNN Center

City State Zip Code  
Atlanta GA 30303

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860560-40000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

39.95

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 362 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address 1338 Virginia Avenue

City State Zip Code  
East Point GA 30344

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860560-50000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

4.08

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Supershuttle

Mailing Address Aviation Blvd & Elm Road

City State Zip Code  
Baltimore MD 21240

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860560-60000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

42.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Marriott

Mailing Address 265 Peachtree Center

City State Zip Code  
Atlanta GA 30303

Purpose of Disbursement

Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860560-70000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

196.84

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 363 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Suntrust Plaza

Mailing Address 303 Peachtree Center Avenue

City Atlanta State GA Zip Code 30308

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860560-80000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

17.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860562

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

30.70

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860562-10000

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

1.70

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

30.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 364 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860562-20000

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860563

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

29.00

See Attached Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860563-10000

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

29.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

29.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 365 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1235.22

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Einstein Bros

Mailing Address 41 South High

City  
Columbus

State  
OH

Zip Code  
43206

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

19.55

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Hotwire

Mailing Address 3150 139th Avenue SE

City  
Bellevue

State  
WA

Zip Code  
94111

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564-20000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

85.91

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

1235.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 366 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Hyatt Hotel

Mailing Address 75 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-30000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

21.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Hyatt Hotel

Mailing Address 75 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-40000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

136.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Northstar Cafe

Mailing Address 951 North High

City Columbus State OH Zip Code 43201

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-50000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

14.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 367 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 50 North 3rd Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564-60000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

85.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 50 North 3rd Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564-70000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

41.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Renaissance Hotel

Mailing Address 50 North 3rd Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860564-80000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

18.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 368 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Rusty Bucket-Bexley

Mailing Address 2158 East Main Street

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-90000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Skyline Chili

Mailing Address 3720 South High Street

City Fairfield State OH Zip Code 45014

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-100000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

20.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Southwestair

Mailing Address 2702 Love Field Drive

City Dallas State TX Zip Code 75235

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860564-110000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

161.50

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 369 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Einstein Bros	<b>Transaction ID:</b> SB21B-860564-120000 <b>Date of Disbursement</b>
Mailing Address 41 South High	<div> <div>12</div> <div>09</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43206	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>11.06</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) High Beck Tavern	<b>Transaction ID:</b> SB21B-860564-130000 <b>Date of Disbursement</b>
Mailing Address 564 South High	<div> <div>12</div> <div>09</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43215	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>39.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Speedway	<b>Transaction ID:</b> SB21B-860564-140000 <b>Date of Disbursement</b>
Mailing Address 6175 East Livingston	<div> <div>12</div> <div>09</div> <div>2008</div> </div>
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>11.86</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 370 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dollar Rac	<b>Transaction ID:</b> SB21B-860564-150000 <b>Date of Disbursement</b>
Mailing Address 4600 International Gateway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>400.16</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>B.</b> Full Name (Last, First, Middle Initial) Pmi BWI Esp Lot	<b>Transaction ID:</b> SB21B-860564-160000 <b>Date of Disbursement</b>
Mailing Address One Aviation Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Baltimore State MD Zip Code 21240	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>117.00</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry
<b>C.</b> Full Name (Last, First, Middle Initial) Starbucks	<b>Transaction ID:</b> SB21B-860564-170000 <b>Date of Disbursement</b>
Mailing Address 4600 International Gateway	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Travel	<div>14.18</div>
Candidate Name	<div>002</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Westin Hotel

Mailing Address 310 South High

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860564-180000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City Phoenix State AZ Zip Code 85072-3155

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860565

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

58.58

See Attached Memo Entry

C.

Full Name (Last, First, Middle Initial)

Godaddy.Com

Mailing Address 14455 North Hayden Road Suite

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860565-10000

Date of Disbursement

12 / 08 / 2008

Amount of Each Disbursement this Period

29.81

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

58.58

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 372 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Godaddy.Com

Mailing Address 14455 North Hayden Road Suite

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860565-20000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

10.63

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

One World Hosting

Mailing Address P.O. Box 880

City State Zip Code  
Worthington OH 43085

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860565-30000

Date of Disbursement

12 / 11 / 2008

Amount of Each Disbursement this Period

9.95

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Godaddy.Com

Mailing Address 14455 North Hayden Road Suite

City State Zip Code  
Scottsdale AZ 85260

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860565-40000

Date of Disbursement

12 / 29 / 2008

Amount of Each Disbursement this Period

8.19

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 373 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860566

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

0.02

See Attached Memo Entry

B.

Full Name (Last, First, Middle Initial)

Bank Of America

Mailing Address 100 North Tryon Street

City  
Charlotte

State  
NC

Zip Code  
28202

Purpose of Disbursement  
Generic Cmte. Bank Fees

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860566-10000

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

0.02

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860567

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

869.77

See Attached Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

869.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 374 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Flowers And Fancies

Mailing Address 11404 Cronridge Drive

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860567-10000

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

104.05

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Minimus

Mailing Address 914 Tourmaline Drive

City Newbury Park State CA Zip Code 91320

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860567-20000

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

622.85

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Papermart

Mailing Address 5361 Alexander Street

City Los Angeles State CA Zip Code 90040

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860567-30000

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

142.87

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 375 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860568

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

903.00

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Usairways

Mailing Address 4000 East Sky Harbor Boulevard

City  
Phoenix

State  
AZ

Zip Code  
85281

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860568-10000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

173.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Usairways

Mailing Address 4000 East Sky Harbor Boulevard

City  
Phoenix

State  
AZ

Zip Code  
85281

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860568-20000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

173.00

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

903.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 376 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Usairways

Mailing Address 4000 East Sky Harbor Boulevard

City State Zip Code  
Phoenix AZ 85281Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860568-30000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	8

Amount of Each Disbursement this Period

173.00

**[MEMO ITEM]**

Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

American Air

Mailing Address 4333 Amon Carter Boulevard

City State Zip Code  
Fort Worth TX 74063Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860568-40000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	0	8

Amount of Each Disbursement this Period

219.50

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Usairways

Mailing Address 4000 East Sky Harbor Boulevard

City State Zip Code  
Phoenix AZ 85281Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860568-50000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	0	8

Amount of Each Disbursement this Period

164.50

**[MEMO ITEM]**

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 377 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 53155

City  
Phoenix

State  
AZ

Zip Code  
85072-3155

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860570

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

172.85

See Attached Memo Entry

**B.**

Full Name (Last, First, Middle Initial)

Marcparc Inc

Mailing Address One Thomas Circle NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860570-10000

Date of Disbursement

12 / 10 / 2008

Amount of Each Disbursement this Period

8.00

**[MEMO ITEM]**

Memo Entry

**C.**

Full Name (Last, First, Middle Initial)

Central Michel Richard

Mailing Address 1001 Pennsylvania Avenue NW #

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860570-20000

Date of Disbursement

12 / 12 / 2008

Amount of Each Disbursement this Period

71.40

**[MEMO ITEM]**

Memo Entry

**SUBTOTAL** of Disbursements This Page (optional) .....

172.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 378 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

National Democratic Club

Mailing Address 30 Ivy Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860570-30000

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

49.25

[MEMO ITEM]

Memo Entry

B.

Full Name (Last, First, Middle Initial)

701/801 Pennsylvania Ave

Mailing Address 801 Pennsylvania Avenue NW

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860570-40000

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

20.00

[MEMO ITEM]

Memo Entry

C.

Full Name (Last, First, Middle Initial)

Posto Restaurant

Mailing Address 1515 14th Street NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860570-50000

Date of Disbursement

12 / 22 / 2008

Amount of Each Disbursement this Period

24.20

[MEMO ITEM]

Memo Entry

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 379 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860517

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

35.74

B.

Full Name (Last, First, Middle Initial)

Auburn Quad, Inc.

Mailing Address P.O. Box 390728

City Cambridge State MA Zip Code 02139

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860919

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

0.69

C.

Full Name (Last, First, Middle Initial)

Lori Ruk

Mailing Address 2939 Van Ness Street, NW  
Apt. 1234

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860571

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

-373.69

SUBTOTAL of Disbursements This Page (optional) .....

-337.26

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Lori Ruk

**Transaction ID:** SB21B-860572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 2939 Van Ness Street, NW  
Apt. 1234

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20008

373.69

Purpose of Disbursement

Travel

002

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Beth Barefoot

**Transaction ID:** SB21B-860779

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 815 Maryland Ave NE  
Apt. 205

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20002

3588.02

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

EmilyElizabeth Charlap

**Transaction ID:** SB21B-860780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 719 D Street, NE  
Apt. 105

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20002

2547.69

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

6509.40

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 381 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

George Connelly

Mailing Address 1347 Hull Street  
Apt 3

City Baltimore State MD Zip Code 21230

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

1963.49

**B.**

Full Name (Last, First, Middle Initial)

Jacqueline M Forte-Mackay

Mailing Address 7511 Jaffrey Road

City Fort Washington State MD Zip Code 20744

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860782

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

7168.37

**C.**

Full Name (Last, First, Middle Initial)

Amanda Kohn

Mailing Address 7746 Wolford Way

City Lorton State VA Zip Code 22079

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

3463.12

SUBTOTAL of Disbursements This Page (optional) .....

12594.98

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 382 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Kristie Mark

Mailing Address 2226 Decatur Place, NW

City  
Washington

State  
DC

Zip Code  
20008

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860784

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

6788.91

**B.**

Full Name (Last, First, Middle Initial)

Glynis L Mason

Mailing Address 1807 D Dewitt Avenue

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860785

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

4059.39

**C.**

Full Name (Last, First, Middle Initial)

Wilma J Simms

Mailing Address 11644 Lockwood Dr.  
Apt. 204

City  
Silver Spring

State  
MD

Zip Code  
20904

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860786

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2151.43

**SUBTOTAL** of Disbursements This Page (optional) .....

12999.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 383 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Milly C Velez-Cooper

Mailing Address 1682 Cedar Hollow Way

City Reston State VA Zip Code 20194

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860787

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3430.56

B.

Full Name (Last, First, Middle Initial)

William Ermini

Mailing Address 10307 Granite Creek

City Oakton State VA Zip Code 22124

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860788

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2854.03

C.

Full Name (Last, First, Middle Initial)

David Winston

Mailing Address 4141 N. Henderson Rd.  
Apt. 1213

City Arlington State VA Zip Code 22203

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860790

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

5266.34

SUBTOTAL of Disbursements This Page (optional) .....

11550.93

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 384 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Brandon English

**Transaction ID:** SB21B-860791

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 1201 S. Courthouse Road  
#829

Amount of Each Disbursement this Period

City Arlington State VA Zip Code 22204

2780.52

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Jason Rosenbaum

**Transaction ID:** SB21B-860793

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 817 10th Street NW

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20002

3900.71

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Taryn Rosenkranz

**Transaction ID:** SB21B-860794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 2234 Observatory Place NW

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20007

4887.80

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

11569.03

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 385 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Johanna Berkson

Mailing Address 7620 Old Georgetown Rd  
#513

City Bethesda State MD Zip Code 20814

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860795

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3734.64

B.

Full Name (Last, First, Middle Initial)

Lila Rose

Mailing Address 108 13th Street NW  
Apt. B

City Washington State DC Zip Code 20002

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860796

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3204.62

C.

Full Name (Last, First, Middle Initial)

Brian L Wolff

Mailing Address 1443 Q Street, SW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860797

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

10565.54

SUBTOTAL of Disbursements This Page (optional) .....

17504.80

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 386 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Beverly Gilyard

Mailing Address 2530 Hunters Square Court

City Reston State VA Zip Code 20191

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860798

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

7695.22

**B.**

Full Name (Last, First, Middle Initial)

Adam Goldberg

Mailing Address 8504 16th Street, Apt. 201

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860799

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2592.55

**C.**

Full Name (Last, First, Middle Initial)

Katherine Kochman

Mailing Address 3208 1/2 17th Street, NW

City Washington State DC Zip Code 20010

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860801

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

990.94

SUBTOTAL of Disbursements This Page (optional) ▶

11278.71

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 387 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Pihlaja

Mailing Address 3300 16th St NW #1015

City  
Washington

State  
DC

Zip Code  
20010

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860802

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

7608.79

B.

Full Name (Last, First, Middle Initial)

Bret Wask

Mailing Address 224 Gretna Green Court

City  
Alexandria

State  
VA

Zip Code  
22304

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860803

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

5513.31

C.

Full Name (Last, First, Middle Initial)

Brennan Bilberry

Mailing Address 511 G St. NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860804

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2919.27

SUBTOTAL of Disbursements This Page (optional) .....

16041.37

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 388 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Adam Broder

Mailing Address 3118 Mt. Pleasant St. NW

City Washington State DC Zip Code 20010

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860805

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

2713.17

**B.**

Full Name (Last, First, Middle Initial)

Nicole Landset

Mailing Address 1826 15th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

5381.88

**C.**

Full Name (Last, First, Middle Initial)

Heather McHugh

Mailing Address 2130 P Street NW  
Apt.603

City Washington State DC Zip Code 20037

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860808

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

4926.09

SUBTOTAL of Disbursements This Page (optional) .....

13021.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 389 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin McKeon

Mailing Address 320 D St NE  
Apt. 3

City Washington State DC Zip Code 20002

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860809

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3651.39

**B.**

Full Name (Last, First, Middle Initial)

Kelly Polce

Mailing Address 2129 12th Place NW

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860810

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2192.91

**C.**

Full Name (Last, First, Middle Initial)

Bradley Pollock

Mailing Address 612 N Oxford St

City Arlington State VA Zip Code 22203

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860811

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2603.43

**SUBTOTAL** of Disbursements This Page (optional) .....

8447.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 390 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Carter

Mailing Address 1207 Constitution Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860812

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2022.01

B.

Full Name (Last, First, Middle Initial)

Jennifer Crider

Mailing Address 3634 Gunston Road

City Alexandria State VA Zip Code 22303

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860813

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

7171.89

C.

Full Name (Last, First, Middle Initial)

Christopher Fitzgerald

Mailing Address 2630 Adams Mill Road, NW  
Apt. 308

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860814

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

1330.90

SUBTOTAL of Disbursements This Page (optional) .....

10524.80

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 391 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Ryan Rudominer

**Transaction ID:** SB21B-860815

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 1320 N. Veitech Street  
Apt. 1201

Amount of Each Disbursement this Period

City Arlington State VA Zip Code 22201

4692.16

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Sabrina Siddiqui

**Transaction ID:** SB21B-860816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 1308 Clifton NW  
#405

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20009

1540.28

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Steven Silver

**Transaction ID:** SB21B-860817

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 4409 4TH Road North  
#2

Amount of Each Disbursement this Period

City Arlington State VA Zip Code 22203

4011.30

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

10243.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 392 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglass Thornell

Mailing Address 1844 Columbia Rd., NW  
#306

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860818

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

1013.00

**B.**

Full Name (Last, First, Middle Initial)

Nicole Dorris

Mailing Address 350 9th Street  
Apt. 31

City Washington State DC Zip Code 20003

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860819

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2481.33

**C.**

Full Name (Last, First, Middle Initial)

Debra Guilford

Mailing Address 1200 N St NW Apt 412

City Washington State DC Zip Code 20005

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860820

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3581.37

**SUBTOTAL** of Disbursements This Page (optional) .....

7075.70

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 393 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Brigette Workman

Mailing Address 1200 N. Veitch St.  
#623

City Arlington State VA Zip Code 22201

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860821

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2110.68

**B.**

Full Name (Last, First, Middle Initial)

Amy K. Eckert

Mailing Address 259 S. Pickett Street  
#301

City Arlington State VA Zip Code 22304

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860823

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

5388.88

**C.**

Full Name (Last, First, Middle Initial)

Diana Fassbender

Mailing Address 1629 Columbia Rd NW  
Apt 630

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860824

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3181.94

**SUBTOTAL** of Disbursements This Page (optional) .....

10681.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Rachel Fischetti

Mailing Address 2827 28th St., NW #30

City Washington State DC Zip Code 20008

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860825

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2676.53

B.

Full Name (Last, First, Middle Initial)

Meghan Johnson

Mailing Address 1200 23rd Street NW  
#706

City Washington State DC Zip Code 20037

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860826

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

6185.34

C.

Full Name (Last, First, Middle Initial)

Melissa Kurek

Mailing Address 1741 U St NW Apt 1

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860827

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

4356.89

SUBTOTAL of Disbursements This Page (optional) .....

13218.76

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 395 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Nicole M Runge

**Transaction ID:** SB21B-860828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 631 G Street, SE  
Apt. 1

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20003

7758.88

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)

Nicole M Runge

**Transaction ID:** SB21B-860829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 631 G Street, SE  
Apt. 1

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20003

14712.50

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Amy Salomone

**Transaction ID:** SB21B-860830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	0	9

Mailing Address 2568 University Place, N.W.  
Apt. 2

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20009

2499.13

Purpose of Disbursement

Payroll

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

24970.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 396 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Amanda Swenson</p> <p>Mailing Address 4419 N. 4th Road Apt. 2</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-860831</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3680.74"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Alexander Van Wagner</p> <p>Mailing Address 1339 Perry Place NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-860832</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1968.79"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Lauren Dikis</p> <p>Mailing Address 3602 1/2 13th Street, NW</p> <p>City Washington State DC Zip Code 20010</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B-860834</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3306.62"/></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**8956.15**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 397 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Robert Fenity

Mailing Address 2732 Ordway Street NW  
#6

City Washington State DC Zip Code 20008

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860835

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2538.63

B.

Full Name (Last, First, Middle Initial)

Brent Parrish

Mailing Address 719 D. St. NE  
Apt. 301

City Washington State DC Zip Code 20002

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860836

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2969.99

C.

Full Name (Last, First, Middle Initial)

Stella Ross

Mailing Address 622 F Street NW  
# 1

City Washington State DC Zip Code 20002

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860837

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3291.91

SUBTOTAL of Disbursements This Page (optional) .....

8800.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 398 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd Schulte

Mailing Address 1630 R Street, Nw  
Apt. 111

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860838

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3688.99

**B.**

Full Name (Last, First, Middle Initial)

Gregory Berlin

Mailing Address 310 South Carolina Ave., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860839

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

1876.05

**C.**

Full Name (Last, First, Middle Initial)

Angela Guzman

Mailing Address 1309 N. Glebe Road

City Arlington State VA Zip Code 22207

Purpose of Disbursement

Payroll

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860840

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3809.43

**SUBTOTAL** of Disbursements This Page (optional) .....

9374.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 399 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

David Higa

Mailing Address 801 North Monroe St.  
#407

City Arlington State VA Zip Code 22201

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860841

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2806.97

**B.**

Full Name (Last, First, Middle Initial)

Nirali Amin

Mailing Address 614 Walden Way

City Lumberton State NJ Zip Code 08048

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860778

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2357.54

**C.**

Full Name (Last, First, Middle Initial)

Brent Kimmel

Mailing Address 304 2nd St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860789

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

3721.02

**SUBTOTAL** of Disbursements This Page (optional) .....

8885.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 400 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Matthew Kehres

Mailing Address 1400 Church St., NW  
Apt. 208

City Washington State DC Zip Code 20005

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860792

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2816.21

B.

Full Name (Last, First, Middle Initial)

Ari Schoenholtz

Mailing Address 7125 Fairfax Road

City Bethesda State MD Zip Code 20814

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860800

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2081.26

C.

Full Name (Last, First, Middle Initial)

Christine Lombardi

Mailing Address 1436 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860807

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

2217.09

SUBTOTAL of Disbursements This Page (optional) .....

7114.56

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 401 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Jessica Aune

Mailing Address 138A North Carolina Ave, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860822

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

1889.67

B.

Full Name (Last, First, Middle Initial)

Louisa Whitney

Mailing Address 1718 P Street NW  
Apt. 405

City Washington State DC Zip Code 20036

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860833

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

6242.10

C.

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860971

Date of Disbursement

01 / 21 / 2009

Amount of Each Disbursement this Period

109293.36

SUBTOTAL of Disbursements This Page (optional) .....

117425.13

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 402 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing	<b>Transaction ID:</b> SB21B-860843 <b>Date of Disbursement</b>																				
Mailing Address 11411 Red Run Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	9												
City Owings Mills State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">28438.86</td> </tr> </table>	28438.86																			
28438.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing	<b>Transaction ID:</b> SB21B-860845 <b>Date of Disbursement</b>																				
Mailing Address 11411 Red Run Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	9												
City Owings Mills State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">2243.44</td> </tr> </table>	2243.44																			
2243.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Automatic Data Processing	<b>Transaction ID:</b> SB21B-860846 <b>Date of Disbursement</b>																				
Mailing Address 11411 Red Run Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	1		2	0	0	9												
City Owings Mills State MD Zip Code 21117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">9887.41</td> </tr> </table>	9887.41																			
9887.41																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

40569.71

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 403 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

1995.49

**B.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860577

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

7979.36

**C.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860578

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Amount of Each Disbursement this Period

12044.96

SUBTOTAL of Disbursements This Page (optional) .....

22019.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 404 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860579

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

12893.40

**B.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860580

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

3008.39

**C.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860581

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

21508.16

**SUBTOTAL** of Disbursements This Page (optional) .....

37409.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 405 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860582

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

4603.86

B.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860583

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

11143.76

C.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860584

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

3540.21

SUBTOTAL of Disbursements This Page (optional) .....

19287.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 406 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860585

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

7109.35

B.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860586

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

9657.43

C.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860587

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

1629.33

SUBTOTAL of Disbursements This Page (optional) .....

18396.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 407 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860588

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5688.75

B.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860589

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55502.08

C.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860590

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14358.03

SUBTOTAL of Disbursements This Page (optional) .....

75548.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 408 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860591

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

17106.88

B.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860592

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

19767.68

C.

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860593

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

25724.63

SUBTOTAL of Disbursements This Page (optional) .....

62599.19

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 409 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860594

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

3100.91

**B.**

Full Name (Last, First, Middle Initial)

Integral Resources, Inc.

Mailing Address 1972 Massachusetts Avenue

City State Zip Code  
Cambridge MA 02140Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

14350.45

**C.**

Full Name (Last, First, Middle Initial)

Brian Walsworth

Mailing Address 1122 East Capitol NE

City State Zip Code  
Washington DC 20002Purpose of Disbursement  
Generic Cmte. Research Materials

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860597

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

-879.65

SUBTOTAL of Disbursements This Page (optional) .....

16571.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 410 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Brian Walsworth

Mailing Address 1122 East Capitol NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860598

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

-176.64

B.

Full Name (Last, First, Middle Initial)

Brian Walsworth

Mailing Address 1122 East Capitol NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Generic Cmte. Research Materials

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860599

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

879.65

C.

Full Name (Last, First, Middle Initial)

Brian Walsworth

Mailing Address 1122 East Capitol NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860600

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

176.64

SUBTOTAL of Disbursements This Page (optional) .....

879.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 411 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Washington Metropolitan Area Transit Authority

Mailing Address 600 Fifth Street, NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860770

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

1534.55

B.

Full Name (Last, First, Middle Initial)

Action Mailers, Inc.

Mailing Address 90 Commerce Drive

City  
Aston

State  
PA

Zip Code  
19014

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860601

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

9206.76

C.

Full Name (Last, First, Middle Initial)

Merkle Response Services, Inc.

Mailing Address 100 Jamison Court

City  
Hagerstown

State  
MD

Zip Code  
21740

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860615

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

564.90

SUBTOTAL of Disbursements This Page (optional) .....

11306.21

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 412 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Merkle Response Services, Inc.

Mailing Address 100 Jamison Court

City  
Hagerstown

State  
MD

Zip Code  
21740

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860616

Date of Disbursement

/   /

Amount of Each Disbursement this Period

32098.64

B.

Full Name (Last, First, Middle Initial)

Meyer Associates

Mailing Address 14 North Seventh Avenue

City  
St. Cloud

State  
MN

Zip Code  
56303

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860617

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9553.50

C.

Full Name (Last, First, Middle Initial)

Print Mail Communications

Mailing Address 7201 Lockport Place

City  
Lorton

State  
VA

Zip Code  
22079

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860618

Date of Disbursement

/   /

Amount of Each Disbursement this Period

79.08

SUBTOTAL of Disbursements This Page (optional) .....

41731.22

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 413 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Print Mail Communications

Mailing Address 7201 Lockport Place

City Lorton State VA Zip Code 22079

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860619

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Amount of Each Disbursement this Period

1200.00

**B.**

Full Name (Last, First, Middle Initial)

Print Mail Communications

Mailing Address 7201 Lockport Place

City Lorton State VA Zip Code 22079

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860620

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Amount of Each Disbursement this Period

597.60

**C.**

Full Name (Last, First, Middle Initial)

Share Group, Inc.

Mailing Address PO Box 55183

City Boston State MA Zip Code 02205-5183

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Amount of Each Disbursement this Period

15511.50

SUBTOTAL of Disbursements This Page (optional) .....

17309.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 414 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Stockton, Inc.

Mailing Address 7940 Cessna Avenue

City Gaithersburg State MD Zip Code 20879

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860622

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

73.55

B.

Full Name (Last, First, Middle Initial)

Stockton, Inc.

Mailing Address 7940 Cessna Avenue

City Gaithersburg State MD Zip Code 20879

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860623

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

422.45

C.

Full Name (Last, First, Middle Initial)

Triplex -A Donnelley Company

Mailing Address PO Box 3603

City Omaha State NE Zip Code 68103

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860624

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

1136.66

SUBTOTAL of Disbursements This Page (optional) .....

1632.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 415 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Triplex -A Donnelley Company

Mailing Address PO Box 3603

City  
Omaha

State  
NE

Zip Code  
68103

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860625

Date of Disbursement

/   /

Amount of Each Disbursement this Period

344.00

B.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
Generic Cmte. List Exchange

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860602

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3159.15

C.

Full Name (Last, First, Middle Initial)

American List Counsel, Inc.

Mailing Address P.O. Box 32189

City  
Hartford

State  
CT

Zip Code  
06150-2189

Purpose of Disbursement  
Generic Cmte. List Exchange

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860603

Date of Disbursement

/   /

Amount of Each Disbursement this Period

575.16

**SUBTOTAL** of Disbursements This Page (optional) .....

4078.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 416 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

AP/Wide World Photos

Mailing Address PO Box 414262

City  
Boston

State  
MA

Zip Code  
02241-4262

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860604

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Avalanche Services

Mailing Address 515-B Industrial Blvd

City  
Kearneysville

State  
WV

Zip Code  
25430

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860605

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21105.75

**C.**

Full Name (Last, First, Middle Initial)

Blue State Digital, LLC

Mailing Address 734 15th Street, NW  
Suite 1200

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. OnLine Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860606

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20550.00

**SUBTOTAL** of Disbursements This Page (optional) .....

42755.75

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 417 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Care2.com, Inc.

Mailing Address 275 Shoreline Dr #150

City State Zip Code  
Redwood City CA 94065

Purpose of Disbursement  
List Rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860607

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3161.65

B.

Full Name (Last, First, Middle Initial)

The Data Center, Inc.

Mailing Address 11200 Waples Mill Road  
Suite 100

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860608

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14000.00

C.

Full Name (Last, First, Middle Initial)

The Data Center, Inc.

Mailing Address 11200 Waples Mill Road  
Suite 100

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860609

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1440.00

**SUBTOTAL** of Disbursements This Page (optional) .....

18601.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 418 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860610

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.36

**B.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860611

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.36

**C.**

Full Name (Last, First, Middle Initial)

Deliveries Plus, Inc.

Mailing Address PO Box 45013

City  
Somerville

State  
MA

Zip Code  
02145

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860612

Date of Disbursement

/   /

Amount of Each Disbursement this Period

56.36

**SUBTOTAL** of Disbursements This Page (optional) .....

169.08

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Democratic Congressional Campaign Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 420 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Diana Fassbender

Mailing Address 1629 Columbia Rd NW  
Apt 630

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860637

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Halloran Development Company, Inc.

Mailing Address 2508 Dewitt Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860638

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

4140.36

C.

Full Name (Last, First, Middle Initial)

Halloran Development Company, Inc.

Mailing Address 2508 Dewitt Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Generic Strategic Political Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860639

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

14155.36

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 421 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

InFact Communications

Mailing Address 1150 K Street, NW  
Suite 1109

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Generic Strategic Political Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860640

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

InFact Communications

Mailing Address 1150 K Street, NW  
Suite 1109

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860641

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12590.44

**C.**

Full Name (Last, First, Middle Initial)

Glynis L Mason

Mailing Address 1807 D Dewitt Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860642

Date of Disbursement

/   /

Amount of Each Disbursement this Period

83.75

**SUBTOTAL** of Disbursements This Page (optional) .....

27674.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 422 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

MSHC Partners Inc.

Mailing Address 1155 15th St NW Suite 300

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Media Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860643

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

6250.00

B.

Full Name (Last, First, Middle Initial)

NCEC Services, Inc.

Mailing Address 122 C Street, NW  
Suite 650

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement  
Generic Strategic Political Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860644

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

Occasions Caterers, Inc.

Mailing Address 5458 3rd Street, NE

City  
Washington

State  
DC

Zip Code  
20011

Purpose of Disbursement  
Generic Cmte. Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860645

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

6522.31

SUBTOTAL of Disbursements This Page (optional) .....

27772.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 423 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Pitney Bowes Global Financial Services LLC

Mailing Address PO Box 856460

City  
Louisville

State  
KY

Zip Code  
40285

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860646

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

4227.77

B.

Full Name (Last, First, Middle Initial)

Thrifty Car Rental

Mailing Address DTG Operations, Inc. - BOK  
Lockbox 2241

City  
Tulsa

State  
OK

Zip Code  
74182

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860647

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

2898.09

C.

Full Name (Last, First, Middle Initial)

Thrifty Car Rental

Mailing Address DTG Operations, Inc. - BOK  
Lockbox 2241

City  
Tulsa

State  
OK

Zip Code  
74182

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860648

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

11663.41

SUBTOTAL of Disbursements This Page (optional) .....

18789.27

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 424 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address PO Box 7247-0244

City  
Philadelphia

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
Generic Cmte. Delivery Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860649

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

85.46

B.

Full Name (Last, First, Middle Initial)

United Parcel Service

Mailing Address PO Box 7247-0244

City  
Philadelphia

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860650

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Aramark Refreshment Services

Mailing Address 8240 Stayton Drive  
Suite N

City  
Jessup

State  
MD

Zip Code  
20794

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860627

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

237.20

SUBTOTAL of Disbursements This Page (optional) .....

331.66

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 425 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Aramark Refreshment Services

Mailing Address 8240 Stayton Drive  
Suite N

City Jessup State MD Zip Code 20794

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860628

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

366.72

**B.**

Full Name (Last, First, Middle Initial)

Brian L Wolff

Mailing Address 1443 Q Street, SW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860651

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

AVF Consulting, Inc.

Mailing Address 1220-C Joppa Road  
Suite 514

City Baltimore State MD Zip Code 21286

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860629

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

87.50

**SUBTOTAL** of Disbursements This Page (optional) .....

474.22

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Democratic Congressional Campaign Committee

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 427 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Construction Catering, Inc.

Mailing Address 2472 NW 21st Ter

City State Zip Code  
Miami FL 33142

Purpose of Disbursement  
Generic Cmte. Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860633

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Democratic Properties Corporation

Mailing Address Leasehold Account  
430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Leasehold Improvements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860634

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4218.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Properties Corporation

Mailing Address Leasehold Account  
430 South Capitol Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Leasehold Improvements

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860635

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4218.00

**SUBTOTAL** of Disbursements This Page (optional) .....

9436.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Eleison Group, LLC

Mailing Address 1655 N Fort Myer Dr  
Suite 700

City Arlington State VA Zip Code 22209

Purpose of Disbursement  
Generic Strategic Political Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

M & R Strategic Resources Attn: Accounting Department

Mailing Address 2120 L Street, NW  
Sixth Floor

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Generic Cmte. Administrative Svcs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860652

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7500.00

**C.**

Full Name (Last, First, Middle Initial)

Brilliant Corners Research, Inc.

Mailing Address 1336 North Capitol Street, NW  
2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Generic Strategic Political Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860655

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

32500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 429 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**Full Name (Last, First, Middle Initial)  
Brilliant Corners Research, Inc.Mailing Address 1336 North Capitol Street, NW  
2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860656

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

12000.00

**B.**Full Name (Last, First, Middle Initial)  
Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860758

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

47.16

**C.**Full Name (Last, First, Middle Initial)  
Share Group, Inc.

Mailing Address PO Box 55183

City Boston State MA Zip Code 02205-5183

Purpose of Disbursement  
Committee Telemarketing

Candidate Name

003  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860720

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

22608.00

SUBTOTAL of Disbursements This Page (optional) .....

34655.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 430 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

State of Kansas Attn: Office of State

Mailing Address

Treasurer

900 SW Jackson St., Ste 201

City

Topeka

State

KS

Zip Code

66612

Purpose of Disbursement

Generic Cmte. Research Materials

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-860693

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

-165.25

B.

Full Name (Last, First, Middle Initial)

Accountemps

Mailing Address

12400 Collections Center Drive

City

Chicago

State

IL

Zip Code

60693

Purpose of Disbursement

Generic Cmte. Temporary Services

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-860694

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

374.40

C.

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address

1949 Green Street #2

City

San Francisco

State

CA

Zip Code

94123

Purpose of Disbursement

Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B-860695

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

809.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 431 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address 1949 Green Street #2

City  
San Francisco

State  
CA

Zip Code  
94123

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860696

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address 1949 Green Street #2

City  
San Francisco

State  
CA

Zip Code  
94123

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860697

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Drew Altizer

Mailing Address 1949 Green Street #2

City  
San Francisco

State  
CA

Zip Code  
94123

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 432 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

AT & T Mobility

Mailing Address PO Box 6463

City  
Carol Stream

State  
IL

Zip Code  
60197-6463

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860699

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

1975.10

**B.**

Full Name (Last, First, Middle Initial)

Catalist, LLC

Mailing Address 1101 Vermont Ave., NW

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860700

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

2563.02

**C.**

Full Name (Last, First, Middle Initial)

David L. Andrukitis, Inc.

Mailing Address 50 E Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860701

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

10204.88

**SUBTOTAL** of Disbursements This Page (optional) .....

14743.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Government News Network GovNet

Mailing Address P.O. Box 2041

City  
Trenton

State  
NJ

Zip Code  
08607

Purpose of Disbursement  
Generic Cmte. Publications

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860702

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Iron Mountain Records Management

Mailing Address P.O. Box 27128

City  
New York

State  
NY

Zip Code  
10087-7128

Purpose of Disbursement  
Generic Cmte. Rent/Occupancy

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

351.18

**C.**

Full Name (Last, First, Middle Initial)

Iron Mountain Records Management

Mailing Address P.O. Box 27128

City  
New York

State  
NY

Zip Code  
10087-7128

Purpose of Disbursement  
Generic Cmte. Rent/Occupancy

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

559.54

**SUBTOTAL** of Disbursements This Page (optional) .....

1035.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 434 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

JustinBradley

Mailing Address 1725 I Street, NW  
Suite 300

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Generic Cmte. Temporary Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860705

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

2883.51

B.

Full Name (Last, First, Middle Initial)

Katrina Photography

Mailing Address 25 Lone Oak Drive

City Centerport State NY Zip Code 11721

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860706

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Lexis-Nexis

Mailing Address PO Box 7247-7090

City Philadelphia State PA Zip Code 19170-7090

Purpose of Disbursement  
Wire Services On Line Svcs.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860707

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

4111.60

SUBTOTAL of Disbursements This Page (optional) .....

7295.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Verizon Business

Mailing Address 500 Technology Drive

City State Zip Code  
Weldon Springs MO 63304

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860708

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

4667.06

**B.**

Full Name (Last, First, Middle Initial)

Nannette Bedway Studio

Mailing Address 812 Huron Road  
Suite 424

City State Zip Code  
Cleveland OH 44115

Purpose of Disbursement  
Generic Cmte. Events/Meetings

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860709

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Pitney Bowes, Inc.

Mailing Address P.O. Box 856390

City State Zip Code  
Louisville KY 40285-6390

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860710

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

203.95

**SUBTOTAL** of Disbursements This Page (optional) .....

5171.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Pitney Bowes, Inc.

Mailing Address P.O. Box 856390

City  
Louisville

State  
KY

Zip Code  
40285-6390

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860711

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.24

**B.**

Full Name (Last, First, Middle Initial)

Emily Sokolski

Mailing Address 4123 Arkansas Ave., NW

City  
Washington

State  
DC

Zip Code  
20011

Purpose of Disbursement  
Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Staples Business Advantages

Mailing Address Dept DC  
PO Box 415256

City  
Boston

State  
MA

Zip Code  
02241

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860713

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.37

**SUBTOTAL** of Disbursements This Page (optional) .....

152.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 437 / 495

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples Business Advantages

Mailing Address Dept DC  
PO Box 415256

City Boston State MA Zip Code 02241

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860714

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

1004.68

**B.**

Full Name (Last, First, Middle Initial)

Verizon Conferencing MCI Communications Svs, Inc.

Mailing Address Dept. CH 10305

City Palantine State IL Zip Code 60055-0305

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860715

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

192.42

**C.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
Wireless Service

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860716

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

3362.05

**SUBTOTAL** of Disbursements This Page (optional) .....

4559.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 660720

City  
Dallas

State  
TX

Zip Code  
75266

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860717

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

31.72

B.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 660720

City  
Dallas

State  
TX

Zip Code  
75266

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860718

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

32.16

C.

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address P.O. Box 660720

City  
Dallas

State  
TX

Zip Code  
75266

Purpose of Disbursement  
Telephones

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860719

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

32.16

SUBTOTAL of Disbursements This Page (optional) .....

96.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

US Express Leasing Inc.

Mailing Address Dept #1608

City State Zip Code  
Denver CO 80291

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860722

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2009

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

US Express Leasing Inc.

Mailing Address Dept #1608

City State Zip Code  
Denver CO 80291

Purpose of Disbursement  
Property Taxes

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860723

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2009

Amount of Each Disbursement this Period

5341.50

C.

Full Name (Last, First, Middle Initial)

US Express Leasing Inc.

Mailing Address Dept #1608

City State Zip Code  
Denver CO 80291

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860724

Date of Disbursement

MM / DD / YYYY  
01 / 26 / 2009

Amount of Each Disbursement this Period

4462.72

SUBTOTAL of Disbursements This Page (optional) ▶

9814.22

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

US Express Leasing Inc.

Mailing Address Dept #1608

City State Zip Code  
Denver CO 80291

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860725

Date of Disbursement

/   /

Amount of Each Disbursement this Period

434.36

B.

Full Name (Last, First, Middle Initial)

Key Equipment Finance

Mailing Address Payment Processing  
P.O. Box 74713

City State Zip Code  
Cleveland OH 44194

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860726

Date of Disbursement

/   /

Amount of Each Disbursement this Period

790.40

C.

Full Name (Last, First, Middle Initial)

Key Equipment Finance

Mailing Address Payment Processing  
P.O. Box 74713

City State Zip Code  
Cleveland OH 44194

Purpose of Disbursement  
Generic Cmte. Processing Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860727

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.27

SUBTOTAL of Disbursements This Page (optional) .....

1262.03

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Key Equipment Finance

Mailing Address Payment Processing  
P.O. Box 74713

City Cleveland State OH Zip Code 44194

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860728

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

1594.72

**B.**

Full Name (Last, First, Middle Initial)

Key Equipment Finance

Mailing Address Payment Processing  
P.O. Box 74713

City Cleveland State OH Zip Code 44194

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860729

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

797.36

**C.**

Full Name (Last, First, Middle Initial)

Key Equipment Finance

Mailing Address Payment Processing  
P.O. Box 74713

City Cleveland State OH Zip Code 44194

Purpose of Disbursement  
Equipment Rental/Maintenance

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860730

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

394.13

**SUBTOTAL** of Disbursements This Page (optional) .....

2786.21

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Strategic Marketing &amp; Mailing, Inc.

Mailing Address Attn: Cynthia Tross  
3002 N Apollo Dr

City Champaign State IL Zip Code 61821

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Amount of Each Disbursement this Period

34199.64

**B.**

Full Name (Last, First, Middle Initial)

Campaign Media Analysis Group

Mailing Address Post Office Box 7247-9301

City Philadelphia State PA Zip Code 19170

Purpose of Disbursement  
Generic Cmte. Media Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860731

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Amount of Each Disbursement this Period

16875.00

**C.**

Full Name (Last, First, Middle Initial)

UBS Financial Services, Inc.

Mailing Address 1501 K Street, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Payroll

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Amount of Each Disbursement this Period

17521.52

SUBTOTAL of Disbursements This Page (optional) .....

68596.16

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

UBS Financial Services, Inc.

Mailing Address 1501 K Street, NW  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Retirement

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860734

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	0	9

Amount of Each Disbursement this Period

11809.59

**B.**

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 900 Brentwood Road, NE

City Washington State DC Zip Code 20066

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Amount of Each Disbursement this Period

20000.00

**C.**

Full Name (Last, First, Middle Initial)

Nicole M Runge

Mailing Address 631 G Street, SE  
Apt. 1

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860741

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	0	9

Amount of Each Disbursement this Period

50.18

SUBTOTAL of Disbursements This Page (optional) .....

31859.77

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Verizon Online

Mailing Address PO Box 12045

City  
Trenton

State  
NJ

Zip Code  
08650-2045

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860742

Date of Disbursement

/   /

Amount of Each Disbursement this Period

49.99

B.

Full Name (Last, First, Middle Initial)

Mobile Commons

Mailing Address 86 Chambers St  
Suite 701

City  
New York

State  
NY

Zip Code  
10007

Purpose of Disbursement  
Generic Cmte. Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860748

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2591.19

C.

Full Name (Last, First, Middle Initial)

Google, Inc.

Mailing Address Dept. 33654  
PO Box 39000

City  
San Francisco

State  
CA

Zip Code  
94139

Purpose of Disbursement  
Generic Cmte. Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860749

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2635.60

**SUBTOTAL** of Disbursements This Page (optional) .....

5276.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Stockton, Inc.

Mailing Address 7940 Cessna Avenue

City State Zip Code  
Gaithersburg MD 20879

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860754

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

86.94

B.

Full Name (Last, First, Middle Initial)

Global Strategy Group, LLC

Mailing Address 895 Broadway, 5th Floor

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860744

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

11000.00

C.

Full Name (Last, First, Middle Initial)

Global Strategy Group, LLC

Mailing Address 895 Broadway, 5th Floor

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860745

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

9000.00

SUBTOTAL of Disbursements This Page (optional) .....

20086.94

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Global Strategy Group, LLC

Mailing Address 895 Broadway, 5th Floor

City  
New York

State  
NY

Zip Code  
10003

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860746

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

11500.00

B.

Full Name (Last, First, Middle Initial)

Global Strategy Group, LLC

Mailing Address 895 Broadway, 5th Floor

City  
New York

State  
NY

Zip Code  
10003

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860747

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

11500.00

C.

Full Name (Last, First, Middle Initial)

Data Direct, Inc.

Mailing Address 11791 Fingerboard Road

City  
Monrovia

State  
MD

Zip Code  
21770

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860759

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3288.00

SUBTOTAL of Disbursements This Page (optional) .....

26288.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

The Data Center, Inc.

Mailing Address 11200 Waples Mill Road  
Suite 100

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860760

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

14000.00

B.

Full Name (Last, First, Middle Initial)

The Data Center, Inc.

Mailing Address 11200 Waples Mill Road  
Suite 100

City State Zip Code  
Fairfax VA 22030

Purpose of Disbursement  
Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860761

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1050.00

C.

Full Name (Last, First, Middle Initial)

Print Mail Communications

Mailing Address 7201 Lockport Place

City State Zip Code  
Lorton VA 22079

Purpose of Disbursement  
Generic Cmte. Postage/Delivery

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860762

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

442.75

SUBTOTAL of Disbursements This Page (optional) .....

15492.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)  
The Limousine Connection, Inc.

Mailing Address PO Box 411

City State Zip Code  
Fairfax VA 22038

Purpose of Disbursement  
Travel

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860763

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3128.00

**B.**

Full Name (Last, First, Middle Initial)  
Emily Sokolski

Mailing Address 4123 Arkansas Ave., NW

City State Zip Code  
Washington DC 20011

Purpose of Disbursement  
Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860764

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

264.00

**C.**

Full Name (Last, First, Middle Initial)  
Deluxe Business Forms and Solutions

Mailing Address P.O. Box 742572

City State Zip Code  
Cincinnati OH 45274

Purpose of Disbursement  
Generic Cmte. Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B-860765

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

91.37

**SUBTOTAL** of Disbursements This Page (optional) .....

3483.37

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Field Strategies Inc.

Mailing Address 2120 L Street, NW  
Suite 305

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Travel

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860766

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3064.28

**B.**

Full Name (Last, First, Middle Initial)

Gilbert & Wolfand, PC

Mailing Address 2201 Wisconsin Avenue, NW

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Accounting Svcs. Rendered

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860767

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3767.50

**C.**

Full Name (Last, First, Middle Initial)

RST Marketing Associates, Inc.

Mailing Address Attn: Lara Burford  
1272 Corporate Park Dr

City Forest State VA Zip Code 24551

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860768

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

4432.20

**SUBTOTAL** of Disbursements This Page (optional) .....

11263.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

The Strategy Group

Mailing Address 1603 Orrington Avenue  
Suite 1730

City Evanston State IL Zip Code 60201

Purpose of Disbursement  
Generic Cmte. Printing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860769

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Assembly Public Information Office

Mailing Address 202 Legislative Office Bldg

City Albany State NY Zip Code 12248

Purpose of Disbursement  
Generic Cmte. Research Materials

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860777

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

669.00

**C.**

Full Name (Last, First, Middle Initial)

Anzalone Liszt Research, Inc.

Mailing Address 260 Commerce Street  
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B-860847

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

11500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15169.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Anzalone Liszt Research, Inc.

Mailing Address 260 Commerce Street  
4th Floor

City State Zip Code  
Montgomery AL 36104

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860848

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

13000.00

B.

Full Name (Last, First, Middle Initial)

Anzalone Liszt Research, Inc.

Mailing Address 260 Commerce Street  
4th Floor

City State Zip Code  
Montgomery AL 36104

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860849

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

11500.00

C.

Full Name (Last, First, Middle Initial)

Anzalone Liszt Research, Inc.

Mailing Address 260 Commerce Street  
4th Floor

City State Zip Code  
Montgomery AL 36104

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860850

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

11000.00

SUBTOTAL of Disbursements This Page (optional) .....

35500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Anzalone Liszt Research, Inc.

Mailing Address 260 Commerce Street  
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement  
Generic Cmte. Polling

Candidate Name

005  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860851

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

12000.00

B.

Full Name (Last, First, Middle Initial)

Bank of America, NA

Mailing Address 730 15th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Interest

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-860756

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

33474.33

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Offset for In-House Contributions

Candidate Name  
Democratic Congressional Campaign Committee

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B-861095

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

-382.27

SUBTOTAL of Disbursements This Page (optional) .....

45092.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Sabrina Siddiqui

Mailing Address 1308 Clifton NW  
#405

City Washington State DC Zip Code 20009

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860925

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

824.83

B.

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Computer Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860737

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

222.81

C.

Full Name (Last, First, Middle Initial)

Automatic Data Processing

Mailing Address 11411 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement

Payroll

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B-860924

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

50.17

SUBTOTAL of Disbursements This Page (optional) ►

1097.81

TOTAL This Period (last page this line number only) ►

1931113.27

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Alabama Democratic Party

Mailing Address 205 20th St. North, Suite 915

City  
Birmingham

State  
AL

Zip Code  
35203

Purpose of Disbursement  
Transfer

Candidate Name  
Alabama Democratic Party

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22-860692

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13000.00

SUBTOTAL of Disbursements This Page (optional) .....

13000.00

TOTAL This Period (last page this line number only) .....

13000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Jill Derby for Congress

Mailing Address 1298 Kingsbury Grade

City State Zip Code  
Gardnerville NV 89460

Purpose of Disbursement  
Voided Check

Candidate Name  
Jill Derby for Congress

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23-861015

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 30 / 2009

Amount of Each Disbursement this Period

-2000.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 Central Avenue SE #71

City State Zip Code  
Albuquerque NM 87106

Purpose of Disbursement  
Voided Check

Candidate Name  
Martin Heinrich for Congress

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB23-861017

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 30 / 2009

Amount of Each Disbursement this Period

-100.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Barbara Lee

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 09

**Transaction ID:** SB23-861069

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
01 / 30 / 2009

Amount of Each Disbursement this Period

17.81

**SUBTOTAL** of Disbursements This Page (optional) .....

-2082.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Jerry McNerney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 11

**Transaction ID:** SB23-861070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.68

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Anna Eshoo

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

**Transaction ID:** SB23-861071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.17

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Linda Sanchez

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

**Transaction ID:** SB23-861072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.36

**SUBTOTAL** of Disbursements This Page (optional) .....

23.21

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Joseph D Courtney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: SB23-861073

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

8.81

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Debbie Wasserman Schultz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: SB23-861074

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

7.56

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Ron Klein

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: SB23-861075

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

12.41

**SUBTOTAL** of Disbursements This Page (optional) .....

28.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
John Barrow

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: SB23-861076

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

30.32

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
David Wayne Loeb sack

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: SB23-861077

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

11.42

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
William G. Foster

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: SB23-861078

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

37.40

SUBTOTAL of Disbursements This Page (optional) .....

79.14

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Steny Hoyer

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: SB23-861079

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.90

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Michael H Michaud

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: SB23-861080

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.11

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Tim J. Walz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: SB23-861081

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.08

**SUBTOTAL** of Disbursements This Page (optional) .....

24.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
James Oberstar

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 08

Transaction ID: SB23-861082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.58

**B.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Travis W. Childers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: SB23-861083

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12.40

**C.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Paul W. Hodes

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: SB23-861084

Date of Disbursement

/   /

Amount of Each Disbursement this Period

46.22

**SUBTOTAL** of Disbursements This Page (optional) .....

68.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Nita Lowey

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: SB23-861085

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.08

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Betty S Sutton

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: SB23-861086

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.02

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Zachary Space

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: SB23-861087

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.94

**SUBTOTAL** of Disbursements This Page (optional) .....

41.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	<b>Transaction ID:</b> SB23-861088 <b>Date of Disbursement</b>
Mailing Address 430 S Capitol Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-House Fundraising Services	<div>12.53</div>
Candidate Name Kurt Schrader	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	<b>Transaction ID:</b> SB23-861089 <b>Date of Disbursement</b>
Mailing Address 430 S Capitol Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-House Fundraising Services	<div>5.27</div>
Candidate Name Chaka Fattah	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	<b>Transaction ID:</b> SB23-861090 <b>Date of Disbursement</b>
Mailing Address 430 S Capitol Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 0 / 2 0 0 9</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement In-House Fundraising Services	<div>26.14</div>
Candidate Name Allyson Schwartz	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

43.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
John Spratt

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: SB23-861091

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.51

B.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
James Matheson

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: SB23-861092

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7.08

C.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Rick Larsen

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: SB23-861093

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6.07

**SUBTOTAL** of Disbursements This Page (optional) .....

21.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol Street, SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
In-House Fundraising Services

Candidate Name  
Steve L Kagen

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: SB23-861094

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.40

SUBTOTAL of Disbursements This Page (optional) .....

34.40

TOTAL This Period (last page this line number only) .....

-1717.73



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Alarik

Mailing Address 183 Third Street #5

City  
Cambridge

State  
MA

Zip Code  
02141

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860399

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bette Tallen

Mailing Address 1170 Kenwood Avenue

City  
Winter Park

State  
FL

Zip Code  
32789

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

James Maloney

Mailing Address 906 Oak Ridge Terrace

City  
Whiting

State  
NJ

Zip Code  
08759

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860487

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Hertz

Mailing Address 3195 Ponce de Leon Blvd.

City State Zip Code  
Coral Gables FL 33134

Purpose of Disbursement  
Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860503

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Grace Adams

Mailing Address 141 W Seneca St

City State Zip Code  
Sherrill NY 13461

Purpose of Disbursement  
Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860507

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Florence Hedges

Mailing Address 1170 Kenwood Avenue

City State Zip Code  
Winter Park FL 32789

Purpose of Disbursement  
Contribution Refund

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860508

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

50.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2570.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Bonnie Beyer

Mailing Address 13310 American Ranch Ct

City State Zip Code  
 Grass Valley CA 95949

Purpose of Disbursement  
 Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-860509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Kathleen Bakke

Mailing Address 532 Valley View Trl

City State Zip Code  
 Somerset WI 54025

Purpose of Disbursement  
 Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-860510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

James Heck

Mailing Address 12912 Terrace Springs Dr

City State Zip Code  
 Temple Terrace FL 33637

Purpose of Disbursement  
 Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-860721

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**SUBTOTAL** of Disbursements This Page (optional) .....

50.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy Hart

Mailing Address 24 Harrison St

City  
Providence

State  
RI

Zip Code  
02909

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860738

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Rock Morris

Mailing Address 1110 Guildford St

City  
Garland

State  
TX

Zip Code  
75040

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

Wendy Pearson

Mailing Address 12063 W. 83rd Ln

City  
Arvada

State  
CO

Zip Code  
80005

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB28A-860752

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

**SUBTOTAL** of Disbursements This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 469 / 495

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Democratic Congressional Campaign Committee

A.

Full Name (Last, First, Middle Initial)

Wendy Pearson

Mailing Address 12063 W. 83rd Ln

City  
Arvada

State  
CO

Zip Code  
80005

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A-860753

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Thomas Lewis

Mailing Address POB 60976

City  
Palo Alto

State  
CA

Zip Code  
94306

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A-860755

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Antonia Maheshwari

Mailing Address 5145 Del Monte Dr

City  
Houston

State  
TX

Zip Code  
77056

Purpose of Disbursement  
Contribution Refund

Candidate Name

010

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A-860757

Date of Disbursement

01 / 29 / 2009

Amount of Each Disbursement this Period

25.00

**SUBTOTAL** of Disbursements This Page (optional) .....

85.00

**TOTAL** This Period (last page this line number only) .....

3275.00

FEC Schedule F ( Form 3X) (Revised 02/2003)







**SCHEDULE F (FEC Form 3X)****ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

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FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Congressional Campaign Committee		<input type="checkbox"/> Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee Democratic Congressional Campaign Committee	
If YES, name the designating committee: Democratic National Committee & Democratic State Central Committee of Louisiana		Mailing Address 430 South Capitol Street, SE 2nd Floor City: Washington State: DC ZIP Code: 20003	

  

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> Strawns Eat Shop		Purpose of Expenditure Travel	
Mailing Address 125 Kings Highway		Category/Type 002	
City: Shreveport State: LA ZIP Code: 71104		Memo Entry	
Name of Federal Candidate Supported: Paul J. Carmouche Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: LA District: 04		Date: MM/DD/YYYY 12/08/2008	
Aggregate General Election Expenditure for this Candidate: 0.00 Transaction ID: SF-860541-50000		Amount: 17.12 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

  

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> Bistro Byronz		Purpose of Expenditure Travel	
Mailing Address 6104 Line Avenue		Category/Type 002	
City: Shreveport State: LA ZIP Code: 71106		Memo Entry	
Name of Federal Candidate Supported: Paul J. Carmouche Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: LA District: 04		Date: MM/DD/YYYY 12/08/2008	
Aggregate General Election Expenditure for this Candidate: 0.00 Transaction ID: SF-860541-60000		Amount: 13.44 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

  

Full Name (Last, First, Middle Initial) of Each Payee <b>[MEMO ITEM]</b> FJ Greenwood C's Out		Purpose of Expenditure Travel	
Mailing Address 9501 Greenwood Road		Category/Type 002	
City: Greenwood State: LA ZIP Code: 71033		Memo Entry	
Name of Federal Candidate Supported: Paul J. Carmouche Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential State: LA District: 04		Date: MM/DD/YYYY 12/08/2008	
Aggregate General Election Expenditure for this Candidate: 0.00 Transaction ID: SF-860541-70000		Amount: 20.60 <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C 441a(i)/441a-1)	

  

SUBTOTAL of Expenditures This Page (optional) .....		0.00	
TOTAL This Period (last page this line number only) .....			





















FEC Schedule F ( Form 3X) (Revised 02/2003)

FEC Schedule F ( Form 3X) (Revised 02/2003)





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FOR LINE 25 OF FORM 3X

FE6AN026

















Form/Schedule: **SE**

Transaction ID:

The independent expenditures listed on Schedule E were not made in cooperation or consultation with any candidate, or any authorized committee or agent of any candidate, or made in concert with, or at the request or suggestion of, any candidate or any authorized committee or agent of any candidate. The expenditures are properly reported on Schedule E.

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